

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066842

1. Entity Name

SOUTHEAST MANUFACTURING INC.

**FILED**  
May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90065 012 \*\*\*150.00

Principal Place of Business

Mailing Address

8802 CORPORATE SQUARE COURT  
SUITE 208  
JACKSONVILLE FL 32216

8802 CORPORATE SQUARE COURT  
SUITE 208  
JACKSONVILLE FL 32216-1982



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Jacksonville, FL  
Suite, Apt. #, etc.  
208 Suite

8802 Corporate Square Ct  
Suite, Apt. #, etc.

City & State

City & State

Jacksonville

FL

4. FEI Number

59-3589480

Applied For

Not Applicable

Zip

Country

Zip

Country

32216

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, DONALD E  
8802 CORPORATE SQUARE COURT  
SUITE 208  
JACKSONVILLE FL 32216

Robert A. Butts  
8802 Corp. Sq. Ct.  
Suite 508  
Jax., Fla. 32216

Name: Donald E Wright Robert A. Butts

Street Address (P.O. Box Number is Not Acceptable)  
8802 Corporate Square Ct Suite 208

City: Jacksonville

FL

Zip Code  
FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Donald E Wright  
Signature, typed or printed name of registered agent and title if applicable

Robert A. Butts 4/24/00 1/10/00  
(NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Pres. ☐ Delete  
NAME: Philip Montbress  
STREET ADDRESS: 2508 St John Blvd  
CITY-ST-ZIP: Jacksonville Beach, FL 32250

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: VP ☒ Delete  
NAME: Donald E Wright  
STREET ADDRESS: 728 Kasimir Dr  
CITY-ST-ZIP: Jacksonville, FL 32211

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: COO. ☐ Delete  
NAME: Robert Butts  
STREET ADDRESS: 727 Kasimir Dr  
CITY-ST-ZIP: Jacksonville FL 32211

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: COO. ☐ Delete  
NAME: Gregory Montbress  
STREET ADDRESS: 2508 St John Blvd  
CITY-ST-ZIP: Jacksonville Beach, FL 32250

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald E Wright  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00 (904) 721-6401  
Date Daytime Phone #

CR2E034 (9/99)