

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90095 029 \*\*\*158.75

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DOCUMENT # P99000068905

1. Entity Name  
SOUTHEASTERN TEXTILES CORPORATION



Principal Place of Business  
320 DUNDAS DR  
SUITE 6  
JACKSONVILLE FL 32218

Mailing Address  
PO BOX 26913  
JACKSONVILLE FL 32226



2. Principal Place of Business  
320 Dundas Dr

3. Mailing Address  
PO Box 26913

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 6

JAX FL

City & State

City & State

Jacksonville

FL

Zip  
32218

Country

Zip  
32226

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3593263

Applied For  
Not Applicable

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

RUSSELL, ANITA L  
320 DUNDAS DR, SUITE 6  
JACKSONVILLE FL 32218

Name Russell, Anita L

Street Address (P.O. Box Number is Not Acceptable)

320 Dundas Dr Suite 6

City

JAX

FL

Zip Code

32218

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Anita Russell ANITA L Russell

2-17-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT  
NAME RUSSELL, ANITA  
STREET ADDRESS 320 DUNDAS DR #6.  
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE  
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anita Russell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-17-03 9047517003

CR2E034 (10/02)