

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90518 009 ***150.00

DOCUMENT # P99000072901

1. Entity Name
1240 S.E. CORP.



Principal Place of Business Mailing Address
1051 SINGER DR. PO BOX 1009
SINGER ISLAND FL 33404 BROOKFIELD WI 53008

00025087



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0981934		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
City & State		City & State		6. Name and Address of Current Registered Agent		
Zip	Country	Zip	Country	7. Name and Address of New Registered Agent		

CIOFF, JAMES A
250 TEQUESTA DR., #200
TEQUESTA FL 33468

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) 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, 2001 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONS, JOSEPH M 1051 SINGER DR. SINGER ISLAND FL 33404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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: *[Signature]* **2-8-Y2K-I**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylate Page 2

CR2034 (10/00)

A HALLMARK
 #D99000072901
 D0025087

FEB YLK-I 1ST SOUTHER

NUMBER	DATE	DESCRIPTION OF TRANSACTION	PAYMENT/DEBIT (-)	✓ T	FEE (IF ANY) (-)	DEPOSIT/CREDIT (+)	BALANCE
BALANCE BROUGHT FORWARD →							
1590		City of St. Louis - CORP RET				150.00	BAL - 2-23-94 4985
91		Reimburse for acct for Landscaping office				686.00	2-25-YLK-I 4291.83
92		Down - trip exp to Versailles Versailles Gardens				300.00	
93		Comcast - Personal				100.00	
94		allstate 14-107 + 7-203				88.46	
95		City of America Beach - Water/Sewer / Garbage ETC				150.00	
96		Chase all Prop Lim & Cr. 10-98-99				200.00	
97		Mobil all Prop				500.00	
98		Verizon Ray's Phone				225.00	
99		Bank One Fr. Car All Prop				431.59	
1500		Sovereign Polish Princess				700.00	
1641		Fel Fel 1051 Singer Dr				2000.00	
1601		Security Connecticut - Life Insurance				364.80	
1602		Bank of Am. Lim & credit 27922 Int				4200.00	
1603		Bank of Am - Versailles 20-207 + 20-204				600.00	