2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000077699** Mar 04, 2000 8:00 am 1. Entity Name SOUTHEAST EQUIPMENT SALES, INC. **Secretary of State** 03-04-2000 90094 012 ***150.00 Principal Place of Business Mailing Address 2622 5TH AVENUE, NORTH 2622 5TH AVENUE, NORTH ST. PETERSBURG FL 33713-6904 ST. PETERSBURG FL 33713 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 3604173 Not Applicable Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New, Registered Agent Name -COLLINS, HAL D Street Address (P.O. Box Number is Not Acceptable) 2622 5TH AVENUE, NORTH ST. PETERSBURG FL 33713 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD-☐ Delete TITLE Addition TITLE COLLINS, HAL D NAME NAME STREET ADDRESS STREET ADDRESS 2622 5TH AVENUE, NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33713 ☐ Change Addition ☐ Delete TITLE TITLE **DUNKLE, JAMES S** NAME STREET ADDRESS 2622 5TH AVENUE, NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33713 CITY-ST-ZIP STD-PD Addition ☐ Delete TITLE TITLE PURDY, MICHAEL K NAME STREET ADDRESS 2622 5TH AVENUE, NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33713 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.