2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077972

1. Entity Name

SOUTHEAST SALES ASSOCIATES, INC.

Country

VERILLE, ROBERT J

TAMPA FL 33647

SIGNATURE _

11.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

NAME___

CITY-ST-ZIF

(See criteria on back)

15210 AMBERLY DR., #916

9. This corporation is eligible to satisfy its intangible

VERILLE, ROBERT J

TAMPA FL 33647

15210 AMBERLY DR., #916

Tax filing requirement and elects to do so.

6. Name and Address of Current Registered Agent

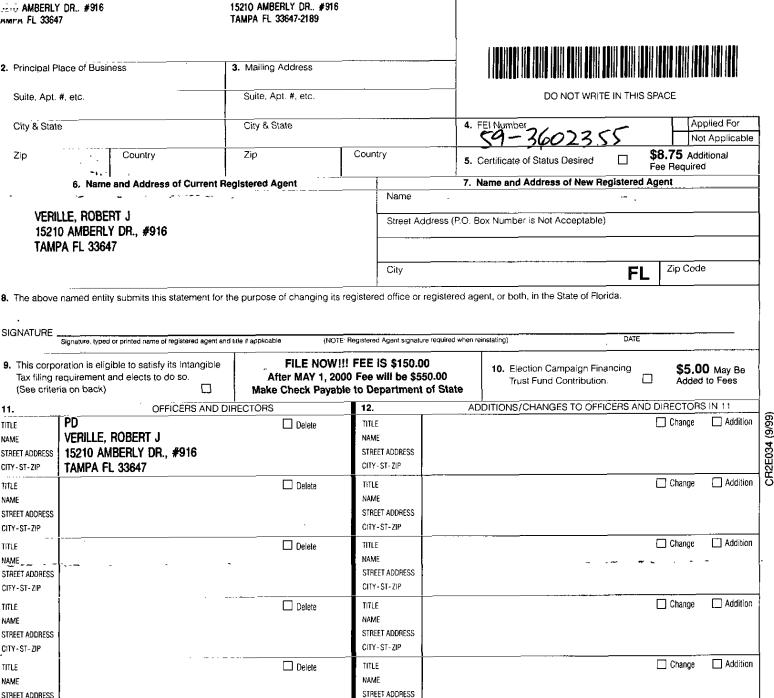
Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

Principal Place of Business	Mailing Address	
AMBERLY DR., #916 IAMPA FL 33647	15210 AMBERLY DR., #916 TAMPA FL 33647-2189	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

May 15, 2000 8:00 am Secretary of State

05-15-2000 90292 043 ***150.00



13. I hereby certify that the information supplied with this filling 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.

Country

12.

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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Name

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