

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087825

1. Entity Name

SOUTHEAST TIE DOWN, INC.

Principal Place of Business

4235 FORESTER LANE
TAMPA FL 33624

Mailing Address

4235 FORESTER LANE
TAMPA FL 33624

2. Principal Place of Business

6018 Black Dairy Rd., #3

3. Mailing Address

P.O. Box 274045

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lot # 3

City & State

Seffner, FL

City & State

Tampa, FL

Zip

33587

Country

USA

Zip

33688

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIANGE, JOSEPH B
4235 FORESTER LANE
TAMPA FL 33624

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

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

(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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME DIANGE, JOSEPH B
STREET ADDRESS 4235 FORESTER LANE
CITY-ST-ZIP TAMPA FL 33624 ☒ Delete

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

TITLE D
NAME DIANGE, JOSEPH B.
STREET ADDRESS 6018 Black Dairy Rd. #3
CITY-ST-ZIP Seffner, FL 33587 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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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: Joseph B. Diange / Joseph B. Diange

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

813-961-0900

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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