

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**  
 03-30-2001 90310 014 \*\*\*150.00

0552236

**DOCUMENT # P99000108344**

1. Entity Name

**SOUTH EAST METABOLICS, INC.**

Principal Place of Business

**PO BOX 4554  
 OCALA FL 34478-4554**

Mailing Address

**PO BOX 4554  
 OCALA FL 34478-4554**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3681557**

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**PERRY, MARK C ESQ  
 LAW OFFICES OF MARK C PERRY, P.A.  
 2455 EAST SUNRISE BLVD., SUITE 905  
 FORT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name

**DAVID M. BARTLE**

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

**1855 SW 97 PLACE**

City

**OCALA**

**FL**

Zip Code

**34478**

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]*

**DAVID M. BARTLE**

**MARCH 29/01**

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

TITLE **P** ☐ Delete  
 NAME **BARTLE, DAVID**  
 STREET ADDRESS **2455 EAST SUNRISE BLVD., SUITE 905**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES, DIRECTOR, SECRETARY** ☒ Change ☒ Addition  
 NAME **DAVID BARTLE**  
 STREET ADDRESS **1855 SW 97 PLACE**  
 CITY-ST-ZIP **OCALA, FL 34476**

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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 employees.

SIGNATURE

*[Signature]*

**DAVID BARTLE 3/29/01**

**352 291 8600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)