

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S31143

1. Entity Name  
SOUTHEASTERN ELECTRICAL CONTRACTING, INC.

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**  
02-28-2001 90117 046 \*\*\*150.00

Principal Place of Business  
2836-B INDUSTRIAL PLAZA  
TALLAHASSEE FL 32301

Mailing Address  
P.O. BOX 12954  
TALLAHASSEE FL 32317

2. Principal Place of Business  
2847 INDUSTRIAL PLAZA Q  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
TALL FL.

City & State

Zip  
32301

Country  
USA

Zip

Country

4. FEI Number 59-3049921

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
COLLINS, WALTER L.  
1391 TIMBERLANE RD  
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent  
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 "constating") 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	VP	<input type="checkbox"/> Delete
NAME	COLLINS, M B	
STREET ADDRESS	3375 E-2 CAP CIRCLE NE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	COLLINS, WALTER L	
STREET ADDRESS	1215 CAPITAL CIR NE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FLOURNOY, S D	
STREET ADDRESS	2836-B IND PLAZA DR	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	S	<input type="checkbox"/> Delete
NAME	COLLINS, DONNA J	
STREET ADDRESS	2007 HILL N DALE N	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEWIS, A M	
STREET ADDRESS	1063 COPPER CREEK	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Emily Collins	
STREET ADDRESS	2847 INDUSTRIAL PLAZA Q.	
CITY-ST-ZIP	TALL. FL. 32301	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLOURNOY, T. R.	
STREET ADDRESS	2847 IND. PLAZA Q.	
CITY-ST-ZIP	TALL. FL. 32301	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S. Lewis	
STREET ADDRESS	2847 IND. PLAZA Q.	
CITY-ST-ZIP	TALL. FL. 32301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE Walter L. Collins Date 2/26/01 Daytime Phone # 850/877/1921  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)