2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 AM
Secretary of State

DOCUMENT# S31143

Entity Name: SOUTHEASTERN ELECTRICAL CONTRACTING, INC.

Current Principal Place of Business:

2847 INDUSTRIAL PLAZA Q
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12954
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3049921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLINS, WALTER L.
1391 TIMBERLANE RD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: COLLINS, M B
Address: 3375 E-2 CAP CIORCLE NE
City-St-Zip: TALLAHASSEE, FL

Title: PT ( ) Delete
Name: COLLINS, WALTER L
Address: 1215 CAPITAL CIR NE
City-St-Zip: TALLAHASSEE, FL 32311

Title: VP (X) Delete
Name: FLOURNOY, S D
Address: 2836-B IND PLAZA DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: S (X) Delete
Name: COLLINS, DONNA J
Address: 2007 HILL N DALE N
City-St-Zip: TALLAHASSEE, FL 32311

Title: VP (X) Delete
Name: LEWIS, A M
Address: 1063 COPPER CREEK
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP (X) Delete
Name: COLLINS, EMILY
Address: 2847 INDUSTRIAL PLAZA Q
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COLLINS, M B
Address: 3375 E-2 CAP CIORCLE NE
City-St-Zip: TALLAHASSEE, FL 32311

Title: PTS (X) Change ( ) Addition
Name: COLLINS, WALTER L
Address: 1215 CAPITAL CIR NE
City-St-Zip: TALLAHASSEE, FL 32311

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER L. COLLINS PTS 04/23/2002
Electronic Signature of Signing Officer or Director Date