

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90540 026 ***150.00

DOCUMENT # S31143

1. Entity Name

SOUTHEASTERN ELECTRICAL CONTRACTING, INC.



Principal Place of Business

~~2847 INDUSTRIAL PLAZA~~
TALLAHASSEE FL 32301

Mailing Address

**P.O. BOX 12964
TALLAHASSEE FL 32317**

2. Principal Place of Business

1668 CAPITAC CIR SE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TALL. FL.

City & State

4. FEI Number

59-3049921

Applied For

Not Applicable

Zip

32301

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

COLLINS, WALTER L.

~~1991 TIMBERLANE RD~~ **1668 CAPITAC CIR SE**
TALLAHASSEE FL 32312-32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

**P
NAME COLLINS, M B
STREET ADDRESS 3375 E-2 CAP CIRCLE NE
CITY-ST-ZIP TALLAHASSEE FL 32311**

TITLE ☐ Delete

**PTS
NAME COLLINS, WALTER L
STREET ADDRESS 1215 CAPITAL CIR NE
CITY-ST-ZIP TALLAHASSEE FL 32311**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 file this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, was or is otherwise empowered.

SIGNATURE:

WALTER L. COLLINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/03

Daytime Phone #

877-1921

CR2E034 (10/02)