

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S43574**

Entity Name

**Southeastern Engineering & Construction, Inc.**

Principal Place of Business

Mailing Address

FILED

00 MAY 15 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

**961 Landmark Cir.**  
Suite, Apt. #, etc.

3. Mailing Address

**961 Landmark Cir.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Tierra Verde, FL**

City & State

**Tierra Verde, FL**

4. FEI Number

**59-3058535**

Applied For

Not Applicable

**33715**

Country

**USA**

Zip

**33715**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**James W. Bondurant**

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

**961 Landmark Circle**

City

**Tierra Verde, FL**

Zip

**33715**

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]*

**5/10/00**

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, 2000 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>Miller M. Cooper</b>	
STREET ADDRESS	<b>2727 Wimerford Rd., Suite 230</b>	
CITY-ST-ZIP	<b>Clearwater, FL 33762</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>James W. Bondurant</b>	
STREET ADDRESS	<b>961 Landmark Circle</b>	
CITY-ST-ZIP	<b>Tierra Verde, FL 33715</b>	
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		
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/10/00**

Date

**(727) 415-2884**

Daytime Phone #

CR2E034 (9/99)