# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 09, 2002 8:00 am**
**Secretary of State**
07-09-2002 90027 007 ***550.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # V53892

1. Entity Name
SES GROUP BROKERAGE SERVICE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1794 VICTORIA PT CIR<br>WESTON FL 33327<br>US | P.O. BOX 26-7775<br>WESTON FL 33327<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1871 Verona Court | P O Box 11-1146 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Naples, FL | City & State: Naples FL |
| Zip: 34109 Country: USA | Zip: 34108 Country: USA |

4. FEI Number 65-0382819 — Applied For / Not Applicable

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 |
|---|---|
| RICE, MELISSA<br>1794 VICTORIA PT CIR<br>WESTON FL 33327 | Name<br>Street Address (P.O. Box Number is Not Acceptable): 1871 Verona Court<br>City: Naples FL Zip Code: 34109 |

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] DATE 7-1-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RICE, MELISSA A<br>P.O. BOX 26-7775<br>WESTON FL 33326<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☒ Change ☐ Addition<br>P O Box 11-1146<br>Naples FL 34108 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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] AUTHORIZED 7-1-02 9418256737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)