

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90221 023 ***150.00

DOCUMENT # V66534

1. Entity Name
SOUTHEASTERN FINANCIAL INVESTORS INC.



Principal Place of Business

**850 S. MILITARY TR
24
WEST PALM BEACH FL 33415
US**

Mailing Address

**850 S. MILITARY TR
24
WEST PALM BEACH FL 33415
US**

2. Principal Place of Business

**4414 FOREST HILL BLVD
Suite, Apt. #, etc.**

3. Mailing Address

**4414 FOREST HILL BLVD
Suite, Apt. #, etc.**



☒ CHECK HERE IF MAKING CHANGES

City & State

W.P.B FL

City & State

W.P.B FL

4. FEI Number

65-0358583

Applied For

Not Applicable

Zip

Country

33406 USA

Zip

Country

33406 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

**TERRINONI, STEVEN VINCENT
850 S. MILITARY TR
SUITE 24
WEST PALM BEACH FL 33415**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRINONI, STEVEN V 850 S. MILITARY TR WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULLRICH, LAWRENCE D 850 S. MILITARY TR WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STEVEN V. TERRINONI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03
Date

561-478-2224
Daytime Phone #

CR2E034 (10/02)