

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**  
 09-13-2000 90045 026 \*\*\*558.75

**DOCUMENT # P33293**  
 1. Entity Name  
**LABEL TECHNIQUE SOUTHEAST, INC.**

Principal Place of Business      Mailing Address  
 3377 BILL METZGER LN.  
 PENSACOLA FL 32514  
 US      3377 BILL METZGER LN  
 PENSACOLA FL 32514  
 US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **59-3040234**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SCHEIFELE, STUART**  
**3209 KINGSMILL DR.**  
**PACE FL 32571**

7. Name and Address of New Registered Agent  
 Name **DAVID HECKLER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4040 CHICKADEE STREET**  
 City **MILTON**      FL      Zip Code **32583**

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 *David Heckler*      DATE **9-11-00**  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCHEIFELE, STUART 3209 KINGSMILL DR. PACE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHEIRELE, ELIZABETH 3209 KINGSMILL DR. PACE FL 32571 <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P- TOM MARTIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6800 SOUTH 241 <sup>ST</sup> E AVE BROKEN ARROW, OK. 74014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T-S- DEBRA MARTIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6800 SOUTH 241 <sup>ST</sup> E AVE. BROKEN ARROW, OK. 74014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V- SANDRA J. WALLACE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1480 SHORE BIRD TERR. CANTONMENT, FLA. 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- DAVID HECKLER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4040 CHICKADEE STREET MILTON, FLA. 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David Heckler*      DATE **9-11-00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CREP34 (5/00)