

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jul 30, 2003 8:00 am**  
**Secretary of State**

07-30-2003 90068 016 \*\*\*558.75

007/570  
AV

**DOCUMENT # 511534**

1. Entity Name  
**MEEKER CONSTRUCTION, INC.**



Principal Place of Business  
**18201 SW 48TH ST.  
FT LAUDERDALE FL 33331**

Mailing Address  
**18201 SW 48TH ST  
FT LAUDERDALE FL 33331**

2. Principal Place of Business  
**11900 S.W. Hamlin CT**

3. Mailing Address  
**11900 S.W. Hamlin CT**


Suite, Apt. #, etc.

City & State  
**Palm City FL**

City & State  
**Palm City FL**

Zip  
**34990**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1689196**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MEEKER, JOHN**  
**18201 SW 48TH ST.**  
**FT. LAUDERDALE FL 33331**

7. Name and Address of New Registered Agent

Name **MEEKER John**

Street Address (P.O. Box Number is Not Acceptable)  
**11900 S.W. Hamlin CT**

City **Palm City** FL Zip Code **34990**

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 **John A. Meeker President** DATE **7-25-03**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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	<b>ST MEEKER, JO ANN 18201 S.W. 48TH ST FT LAUDERDALE FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MEEKER, JOHN 18201 S.W. 48TH ST FT LAUDERDALE FL 33331</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MEEKER, MICHAEL 18201 SW 48TH ST FT LAUDERDALE FL 33331</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: **John A. Meeker** DATE **7-25-03** DAYTIME PHONE # **772-281-1093**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)