

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State

06-13-2002 90381 011 ****61.25

DOCUMENT # 747442

1. Entity Name

M. E. IRIS, INC.

Principal Place of Business

Mailing Address

C/O MEININGER, FISHER & MANGUM
111 N ORANGE AVENUE STE 1750
ORLANDO FL 32801
US

C/O MEININGER, FISHER & MANGUM
111 N ORANGE AVENUE STE 1750
ORLANDO FL 32801
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

59-2929779

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

MANGUM, KEVIN E
111 N. ORANGE AVE., STE. 1750
ORLANDO FL 32801

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.

SIGNATURE **KEYIN E. MANGUM, PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANGUM, KEVIN E 111 N ORANGE AVENUE STE 1750 ORLANDO FL 32801	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURPHY, ROBERT J JR 1061 FOUNTAIN GLEN DR. LAWRENCEVILLE GA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JURKOWSKI, TODD 1013 S. HIAWASSEE ORLANDO FL 32835	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ICKES, GREGG 1604 NEBRASKA STREET ORLANDO FL 32803	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURPHY, BRIAN 5108 EISENHOWER BLVD TAMPA FL 33634	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO Chris Johnson 612 Sparrow Branch Cir. Jax FL 32259	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCOTT L Mc Mullen FANCER CENTR TOWER, Suite 1100 505 S. FLAGLER DR. WEST PALM BEACH, FL 33401	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TODD JURKOWSKI 410 E. JERRY ST. ORLANDO FL 32806	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREGG ICKES 1700 WEBER ST. ORLANDO FL 32803	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Brian Murphy 2309 West Texas Ave. Tampa FL 33629	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Robert J. Murphy, Jr. 75 Spring St. SW. Atlanta GA 30303	☒ Change ☐ 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 617, 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Murphy, 4/15/02 (813) 503-5910
 Date Daytime Phone #

CR2E037 (9/01)