

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90161 024 ****61.25

DOCUMENT # 747442

1. Entity Name

M. E. IRIS, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

5100 Hwy 17-92

3. Mailing Address

5100 Hwy 17-92

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

CASSELBERRY FL

City & State

CASSELBERRY FL

Zip

32707

Country

USA

Zip

32707

Country

USA

☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name **KEVIN E. MANGUM**

Street Address (P.O. Box Number is Not Acceptable)

5100 Hwy 17-92

Suite 200

City

CASSELBERRY

FL

Zip Code

32707

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

KEVIN E. MANGUM as Registered Agent

KEVIN E. MANGUM, President

1/26/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MANGUM, KEVIN E**
STREET ADDRESS **111 N ORANGE AVENUE STE 1750**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **VD** ☐ Delete
NAME **MURPHY, ROBERT J JR**
STREET ADDRESS **1061 FOUNTAIN GLEN DR.**
CITY-ST-ZIP **LAWRENCEVILLE GA**

TITLE **SD** ☐ Delete
NAME **JURKOWSKI, TODD**
STREET ADDRESS **410 E. JORSEY DR.**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **VD** ☐ Delete
NAME **ICKES, GREGG**
STREET ADDRESS **1700 WEBER ST.**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **TD** ☐ Delete
NAME **MURPHY, BRIAN**
STREET ADDRESS **2309 WEST TEXAS AVE.**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **VD** ☐ Delete
NAME **JOHNSON, CHRIS**
STREET ADDRESS **612 SPARROW BRANCH CIR.**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **MANGUM, KEVIN E.**
STREET ADDRESS **5100 Hwy 17-92, STE 201**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME **Murphy, Brian P**
STREET ADDRESS **113 E Lambright St**
CITY-ST-ZIP **Tampa, FL 33604**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

KEVIN E. MANGUM as President **KEVIN E. MANGUM, PRES.**

1/26/03 (407) 478-1555

CR2E037 (10/02)