

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90080 012 ****50.00

DOCUMENT # L02000000485

1. Entity Name
MEROS, SMITH & OLNEY, LLC



Principal Place of Business

**1301 4TH STREET, N.
ST. PETERSBURG FL 33701**

Mailing Address

**1301 4TH STREET, N.
ST. PETERSBURG FL 33701**

2. Principal Place of Business

757 Arlington Ave No

Suite, Apt. #, etc.

3. Mailing Address

757 Arlington Ave No

Suite, Apt. #, etc.

City & State

St Petersburg, FL

City & State

St Petersburg FL

Zip

33701

Country

Pinellas

Zip

33701

Country

Pinellas

4. FEI Number

59-1584512

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, WALTER E
1301 4TH STREET, N.
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

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

757 Arlington Ave No.

City

St Petersburg

FL

Zip Code

33701

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	D	<input type="checkbox"/> Delete
NAME	Peter N Meros	
STREET ADDRESS	2785 Heron Place	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	D	<input type="checkbox"/> Delete
NAME	Walter E Smith	
STREET ADDRESS	10216 Tarpon Drive	
CITY-ST-ZIP	St Petersburg, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Gregory L Olney, II	
STREET ADDRESS	14479 Sandpiper Circle	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/03

Date

727-822-4929

Daytime Phone #

CR2E083 (10/02)