

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-01-2000 90384 009 ****61.25

DOCUMENT # N99000001851

1. Entity Name

MESCO OF PALM HILL, INC.

Principal Place of Business

1800 SEMINOLE BLVD.
LARGO FL 33778

Mailing Address

1800 SEMINOLE BLVD.
LARGO FL 33778-1333

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3567311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEQUIGNOT, MARGOT ESQ.
184 8TH AVE. S.W.
LARGO FL 33770

7. Name and Address of New Registered Agent

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

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

TITLE	President	<input type="checkbox"/> Delete
NAME	David Gow	
STREET ADDRESS	71 E. Palm Forest Dr	
CITY-ST-ZIP	Largo, FL 33770	
TITLE	V. President	<input type="checkbox"/> Delete
NAME	James O'Regan	
STREET ADDRESS	319 Sago Palm	
CITY-ST-ZIP	Largo, FL 33778	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Sheldon Walker	
STREET ADDRESS	67 Sabal Palm	
CITY-ST-ZIP	Largo, FL 33770	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Virginia M. Aka	
STREET ADDRESS	48 Sabal Palm	
CITY-ST-ZIP	Largo, FL 33770	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Gow	
STREET ADDRESS	71 E. Palm Forest Dr	
CITY-ST-ZIP	Largo, FL 33770	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James O'Regan	
STREET ADDRESS	319 Sago Palm	
CITY-ST-ZIP	Largo, FL 33778	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sheldon Walker	
STREET ADDRESS	67 Sabal Palm	
CITY-ST-ZIP	Largo, FL 33770	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Virginia M. Aka	
STREET ADDRESS	48 Sabal Palm	
CITY-ST-ZIP	Largo, FL 33770	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

Virginia M. Aka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

Date

727-586-5870

Daytime Phone #

CR2E037 (9/99)