

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90050 001 ****61.25

DOCUMENT # N99000001851

1. Entity Name

MESCO OF PALM HILL, INC.

Principal Place of Business

Mailing Address

1800 SEMINOLE BLVD.
 LARGO FL 33778

1800 SEMINOLE BLVD.
 LARGO FL 33778

2. Principal Place of Business

48 Sabal Palm

3. Mailing Address

48 Sabal Palm

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo, FL

Zip

33770-7406

Country

US

Zip

33770-7406

Country

US

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.
 164 8TH AVE. S.W.
 LARGO FL 33770**

7. Name and Address of New Registered Agent

Name *Virginia J. Mirka*

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

48 Sabal Palm

City

Largo

FL

Zip Code

33770

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

Virginia J. Mirka, Treas - Virginia J. Mirka, Treas *4-30-01*

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	DP	<input checked="" type="checkbox"/> Delete
NAME	GOW, DAVID	
STREET ADDRESS	71 E PALM FOREST DR	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	OREAGAN, JAMES	
STREET ADDRESS	319 SAGO PALM	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALKER, SHELDON	
STREET ADDRESS	67 SABAL PALM	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MIKA, VIRGINIA	
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	D-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lashbrook, Ross	
STREET ADDRESS	36 Thatch Palm W	
CITY-ST-ZIP	Largo, FL 33770	
TITLE	D-VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dugas, Fern	
STREET ADDRESS	24 E. Palm Forest	
CITY-ST-ZIP	Largo, FL 33770	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Correction	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRKA, Virginia	
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		
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)(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:

Virginia J. Mirka, Treas *(Virginia J. Mirka)* *4-30-01* *727-586-5870*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)