

2002 UNIFORM BUSINESS REPORT (UBR)

01-24-2002 90265 001 ***150.00

01-24-2002 90265 002 ****35.00

P01000053509

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 31 AM 10:16

DOCUMENT # P01000053509

1. Entity Name

MERIDIAN ELECTRONICS DISTRIBUTION, INC.

Principal Place of Business

15371 ROOSEVELT BLVD STE 105
CLEARWATER FL 33780

Mailing Address

15371 ROOSEVELT BLVD STE 105
CLEARWATER FL 33780



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3724183

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HATMAKER, MICHAEL

15371 ROOSEVELT BLVD STE 105
CLEARWATER FL 33780

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] - Pres.

1/10/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	HATMAKER, MICHAEL	1863 D BOUGH AVE	CLEARWATER FL 33780	<input type="checkbox"/>
V	MUAR, MICHAEL	15371 ROOSEVELT BLVD STE 105	CLEARWATER FL 33780	<input checked="" type="checkbox"/>
ST	ALBRITTAN, MATTHEW L	15371 ROOSEVELT BLVD STE 105	CLEARWATER FL 33780	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] Pres.

1/10/02

727-574-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)