

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011659

1. Entity Name

MERIDIAN CONSULTING, INC.

APPROVED
AND
FILED

00 JAN 19 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1705 METROPOLITAN BLVD. SUITE 102 TALLAHASSEE FL 32308 US	Mailing Address 1705 METROPOLITAN BLVD. SUITE 102 TALLAHASSEE FL 32308-3796 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-3363051	Applied For	<input type="checkbox"/>
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILKINSON, BEN H
215 S MONROE ST
2ND FLOOR
TALLAHASSEE FL 32301

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	PD	<input type="checkbox"/> Delete
NAME	BLACK, JOHN F III	
STREET ADDRESS	3665 DWIGHT DAVIS DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WILKINSON, BEN H	
STREET ADDRESS	215 S MONROE ST 2ND FLOOR	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

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

400003112034-4
-01/26/00-01116-026
****158.75 ****158.75

TITLE	ST	<input type="checkbox"/> Delete
NAME	BLACK, LAURIE R	
STREET ADDRESS	3665 DWIGHT DAVIS DR	
CITY-ST-ZIP	TALLAHASSEE FL	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DURHAM, WILLIAM M	
STREET ADDRESS	2864 REMINGTON GREEN CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

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

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

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

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

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

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: *Laurie R. Black* Laurie R. Black 1/12/00 850-386-9898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #