

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063256

1. Entity Name

MERIDIAN QUEST INVESTIGATIVE GROUP, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90025 022 ***150.00

Principal Place of Business

8251 27TH AVENUE, N.
ST. PETERSBURG FL 33710

Mailing Address

8251 27TH AVENUE, N.
ST. PETERSBURG FL 33710-2805

00021763



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3375 34th ST. N.

3. Mailing Address

3375 34th ST. N.

Suite, Apt. #, etc.

ST. PETE. FL.

Suite, Apt. #, etc.

City & State

ST. PETE. FL.

4. FEI Number

59-3588452

Applied For

Not Applicable

Zip

33713

Country

PINELLAS

Zip

33713

Country

PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATKINS, CARL T CPA
7345 JACKSON SPRINGS ROAD
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name

KRIS HALVERSON

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

3375 34th ST. N.

City

ST. PETE. FL.

FL

Zip Code

33713

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

2-10-00

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HALVERSON, KRISTOFOR L
CITY-ST-ZIP 8251 27TH AVENUE, N.
ST. PETERSBURG FL 33710

TITLE ☒ Delete
NAME JOHNSON, DOUGLAS
STREET ADDRESS 5219 59TH WAY, N.
CITY-ST-ZIP KENNETH CITY FL 33709

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS KRIS HALVERSON
CITY-ST-ZIP 3375 34th ST. N.
ST. PETE. FL. 33713

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-10-00 727-527-9600

CR2E034 (9/99)