

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V42066

1. Entity Name

M & E OF NORTHWEST FLORIDA, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90246 031 ***150.00

Principal Place of Business

Mailing Address

601 EAST BURGESS ROAD
 SUITE D-3
 PENSACOLA FL 32504
 US

601 EAST BURGESS ROAD
 SUITE D-3
 PENSACOLA FL 32504-6384
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3128090**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNAYER, EDNA
601 EAST BURGESS ROAD
APARTMENT D-3
PENSACOLA FL 32504

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	PSD	<input type="checkbox"/> Delete
NAME	DUNAYER, EDNA	
STREET ADDRESS	601 E. BURGESS RD. APT. D-3	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	DUNAYER, JOSEPH	
STREET ADDRESS	601 E. BURGESS RD APT D-3	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	601 E. BURGESS RD. APT. D-3	
STREET ADDRESS	PENSACOLA, FL 32504	
CITY-ST-ZIP		
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		
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: *Edna Dunayer PSD* **EDNA DUNAYER**

Date: **4-13-00** Daytime Phone #: **850-475-1558**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)