## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 22, 2002 8:00 am Secretary of State DOCUMENT # V42066 1. Entity Name M & E OF NORTHWEST FLORIDA, INC. 03-22-2002 90068 006 \*\*\*150.00 Principal Place of Business Mailing Address **601 EAST BURGESS ROAD** 601 EAST BURGESS ROAD SUITE D-3 SUITE D-3 PENSACOLA FL 32504 PENSACOLA FL 32504 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3128090 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUNAYER, EDNA Street Address (P.O. Box Number is Not Acceptable) **601 EAST BURGESS ROAD** APARTMENT D-3 PENSACOLA FL 32504 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11:5 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change Addition DUNAYER, EDNA NAME STREET ADDRESS 601 E. BURGESS RD. APT. D-3 STREET ADDRESS PENSACOLA FL 32504 CITY-ST-ZIP CITY-ST-ZIP TITLE VTD ☐ Delete TITLE Change Addition NAME DUNAYER, JOSEPH NAME STREET ADDRESS 601 E. BURGESS RD APT D-3 STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32504 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Dunayer, Kevin NAME STREET ADDRESS 601 E BURGESS RD APT D-3 STREET ADDRESS CITY-ST-ZIF PENSACOLA FL 32504 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

50-475-155

**FILED**