

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 191705

Entity Name
MEADOWS SOUTHERN CONSTRUCTION COMPANY

FILED
May 12, 2000 8:00 am
Secretary of State
05-12-2000 90058 003 ***150.00

Principal Place of Business
P O BOX 10
ROUTE 4 SOUTH
GASSAWAY WEST VIRGINIA 26624

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
P O BOX 10
ROUTE 4 SOUTH
GASSAWAY WEST VIRGINIA 26624-0010
Suite, Apt. #, etc.
City & State
Zip



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1484537
Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEWIS, CHERYL
5712 OLEANDER DR
ORLANDO, FL
32807

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP
DP	MEADOWS, KENTON	RT 4 NORTH GASSAWAY, WV 00000			
D	HANKS, HERBERT	RT 4 SOUTH GASSAWAY, WV 00000			
D	MEADOWS, ACEL	RT 4 NORTH GASSAWAY, WV 00000			

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4-28-00 Daytime Phone # 304-364-5151