

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90065 030 ***150.00

0549016 AV

DOCUMENT # 232718

1. Entity Name
MEACHAM & CO INC

Principal Place of Business

~~2000 FOREST DR~~
~~CLAREMONT FL 34703~~
US

Mailing Address

~~P.O. BOX 1438~~
~~SAFETY HARBOR FL 34695~~
US

2. Principal Place of Business

880 Harbor Hill Dr.

3. Mailing Address

P.O. Box 1438

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Safety Harbor, FL 34695

City & State

Safety Harbor, FL 34695

4. FEI Number

59-0942867

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEACHAM, THOMAS J.

~~5140 CHICKEN LANE~~ **4343 Lakeshore Dr.**
~~WESLEY CHAPEL FL 33633~~ **Palm Harbor, FL. 34685**

Name

Meacham, Thomas J.

Street Address (P.O. Box Number is Not Acceptable)
4343 Lakeshore Dr.

City

Palm Harbor, FL 34685

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, 2002 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 **VP** ☐ Delete
 NAME **MEACHAM, TIM**
 STREET ADDRESS ~~2000 FOREST DR~~ **880 Harbor Hill Dr.**
 CITY-ST-ZIP ~~CLAREMONT FL 34703~~ **Safety Harbor, FL**

TITLE **VP** ☐ Change ☐ Addition
 NAME **Meacham, Tim**
 STREET ADDRESS **880 Harbor Hill Dr.**
 CITY-ST-ZIP **Safety Harbor, FL 34695**

TITLE **ST** ☐ Delete
 NAME **MEACHAM, JEANNE H.**
 STREET ADDRESS **4343 LAKESHORE DR.**
 CITY-ST-ZIP **PALM HARBOR FL**

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

TITLE **P** ☐ Delete
 NAME ~~MEACHAM, THOMAS J.~~
 STREET ADDRESS **4343 LAKESHORE DR.**
 CITY-ST-ZIP **PALM HARBOR FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Meacham

2-15-02

727/726-7111

Date

Daytime Phone #

CR2E034 (9/01)