

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90750 001 *1,350.00

0379852 AV

DOCUMENT # 326421

1. Entity Name

MEWS SOUTH INC

Principal Place of Business

**6833 NORTH OCEAN BOULEVARD
OCEAN RIDGE FL 33435**

Mailing Address

**6833 NORTH OCEAN BOULEVARD
OCEAN RIDGE FL 33435**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1286220

Applied For

Not Applicable

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

FARR, MARY LOU

6849 N. OCEAN BLVD.

OCEAN RIDGE FL 33435

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, 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

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | MILES, A. STEVENS | |
| STREET ADDRESS | 6849 N. OCEAN BLVD. | |
| CITY-ST-ZIP | OCEAN RIDGE FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SULLIVAN, ROBERT | |
| STREET ADDRESS | 6849 N OCEAN BLVD | |
| CITY-ST-ZIP | OCEAN RIDGE FL 33435 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | FARR, MARY LOU | |
| STREET ADDRESS | 6849 N OCEAN BLVD | |
| CITY-ST-ZIP | OCEAN RIDGE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MACKECHNIE, ANDRES | |
| STREET ADDRESS | 6849 N OCEAN BLVD | |
| CITY-ST-ZIP | OCEAN RIDGE FL 33435 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FERRIS, MARTHAS | |
| STREET ADDRESS | 6849 N OCEAN BLVD. | |
| CITY-ST-ZIP | OCEAN RIDGE FL 33435 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NOLTE, H E | |
| STREET ADDRESS | 6849 N OCEAN BLVD | |
| CITY-ST-ZIP | OCEAN RIDGE FL 33435 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| 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 |
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| 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: *Mary Lou Farr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-02 561-737-6770

Date

Daytime Phone #

CR2E034 (9/01)