2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 525351 1. Entity Name				A	Apr 30, 2001 8:00 am Secretary of State			
•	N. MEISTER, INC.							
•					04-30-2001 904	149 034 ***15	0.00	
Principal Place o	of Business 🙃 * *	Mailing Address	**					
366 SHORECRES		5366 SHORECREST DRIV						
IACKSONVILLE FL	. 32210	JACKSONVILLE FL 32210			, ,	0.1		
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2. Principal Place of Business 3. Mailing Addres		3. Mailing Address				î dik alah bibik alah bid	iil eie il i ee i	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
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City & State		City & State		4. FEI Number	59-1815070	⊢	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate o	f Status Desired	\$8.75 Add	litional	
	6. Name and Address of Current	t Registered Agent		7. Name and A	ddress of New Registe	Fee Require	đ	
74.			Name	. ಗರ ವಾ ಗ ತಾಲ ನಿನಿಕರ	and the same of th			
	er, robert a. Horecrest dr.		Street Address (is Not Acceptable)			
	ONVILLE FL 32210					., .		
			City		· · · · · · · · · · · · · · · · · · ·	FL Zip Cod	 e	
	med entity submits this statement f					rL		
SIGNATURE Sign	nature, typed or printed name of registered agen	e FILE NOV	OTE: Registered Agent signature	 	•	одте g	O.May Be *	
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of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: