

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90017 025 ***158.75

DOCUMENT # 840502

1. Entity Name

K. P. MEIRING CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

6519 CARROLLTON
 INDIANAPOLIS IN 46220

6519 CARROLLTON
 INDIANAPOLIS IN 46220

2. Principal Place of Business

1715 LAKESIDE AVE.

3. Mailing Address

1715 LAKESIDE AVE.

Suite, Apt. #, etc.

#5

Suite, Apt. #, etc.

#5

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

Zip

32084

Country

US

Zip

32084

Country

US

4. FEI Number

35-1312997

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

**MEIRING, KENNETH P
 93-B ORANGE STREET
 SAINT AUGUSTINE FL 32084**

Name

KENNETH P. MEIRING

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

1715 LAKESIDE AVE #5

City

ST. AUGUSTINE

FL

Zip Code

32084

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

Kenneth P. Meiring **KENNETH P. MEIRING**

5/1/01

Signature, typed or printed name of registered agent and title, if applicable

(NOT: Registered Agent's 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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	MEIRING, KENNETH P	
STREET ADDRESS	910 TILSON	
CITY-ST-ZIP	ZIONSVILLE IN	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MEIRING, PATRICIA	
STREET ADDRESS	910 TILSON	
CITY-ST-ZIP	ZIONSVILLE IN	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MAHONEY, NANCY L.	
STREET ADDRESS	1320 KESSLER BLVD, W DR	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	EV	<input checked="" type="checkbox"/> Delete
NAME	HOLLAND, JAMES G.	
STREET ADDRESS	911 E. 61ST ST.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEIRING, KENNETH P.	
STREET ADDRESS	2501 S. PONTE VEDRA BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	SECT./TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEIRING, PATRICIA	
STREET ADDRESS	2501 S. PONTE VEDRA BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES S. MEIRING	
STREET ADDRESS	9302 EDDYSTONE	
CITY-ST-ZIP	AUSTIN TX 78729	
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
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:

Kenneth P. Meiring **KENNETH P. MEIRING**

5/1/01

904 810 5101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)