2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 08, 2000 8:00 am Secretary of State DOCUMENT # **F46354** 1. Entity Name MEEKS REALTY, INC. 03-08-2000 90005 015 ***150.00 Mailing Address Principal Place of Business 19418 GULF BLVD 12088 ANDERSON RD #166 **UUU3233**0 SUITE 408 TAMPA FL 33625 INDIAN SHORES FL 33785-2232 2. Principal Place of Business 3. Mailing Address 11438 ChilDrens LANE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-2135401 33625 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAVARES, GERALD A Street Address (P.O. Box Number is Not Acceptable) 9 EAST TARPON AVENUE TARPON SPRINGS FL 33589 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Detete TITL F TITLE MEEKS, GRETA H NAME STREET ADDRESS STREET ADDRESS 19506 GULF BLVD CITY-ST-ZIP CITY-ST-ZIP INDIAN SHORES FL ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Defete

Change

☐ Addition