

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F46354

1. Entity Name
MEEKS REALTY, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90088 001 ***150.00
01-31-2001 90088 002 *****8.75

Principal Place of Business
11438 CHILDREN'S LANE
TAMPA FL 33625
US

Mailing Address
19418 GULF BLVD
SUITE 408
INDIAN SHORES FL 33785
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4020 W. Cayuga St.
Suite, Apt. #, etc.

3. Mailing Address
18400 Gulf Blvd.
Suite, Apt. #, etc.
1205

City & State
Tampa, Florida

City & State
Indian Shores, FL

Zip
33614

Country
USA

Zip
33785

Country
USA

4. FEI Number 59-2135401

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TAVARES, GERALD A
9 EAST TARPON AVENUE
TARPON SPRINGS FL 33589

7. Name and Address of New Registered Agent

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, 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	PS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEEKS, GRETA H		NAME		
STREET ADDRESS	19506 GULF BLVD		STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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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.

SIGNATURE: Greta H. Meeks 1-19-01 (727) 596-5424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)