

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000888

1. Entity Name
METEOR PHOTO & IMAGING COMPANY

Principal Place of Business
1099 CHICAGO RD
TROY MI 48007

Mailing Address
680 14TH ST. NW
ATLANTA GA 30318

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 38-1573286

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

SKIPPER, DANIELLE
3 SHADOW LANE
ORMOND BEACH FL 32174

Name

Phil Parker

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

505 LAKE Destiny Drive

City

Orlando

FL

Zip Code
32810

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

Phil Parker

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 C
NAME MUENKER, HARRY
STREET ADDRESS 1099 CHICAGO RD.
CITY-ST-ZIP TROY MI 48007-3301 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MUENKER, SIGFRIED
STREET ADDRESS 1099 CHICAGO RD.
CITY-ST-ZIP TROY MI 48007-3301 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME GRUNDNER, STEVE
STREET ADDRESS 680 14TH ST. NW
CITY-ST-ZIP ATLANTA GA 30318 ☒ Delete

TITLE President
NAME Steve Grundner
STREET ADDRESS 680 14TH ST NW
CITY-ST-ZIP Atlanta GA 30318 ☒ Change ☐ Addition

TITLE ST
NAME GILBERT, RONALD D
STREET ADDRESS 3720 WYNSHIP CT.
CITY-ST-ZIP LITHONIA GA 30058 ☐ Delete

TITLE Sec/Treas
NAME Ronald D. Gilbert
STREET ADDRESS 680 14TH ST NW
CITY-ST-ZIP Atlanta GA 30318 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Ronald D Gilbert 7/18/00 404 870 6125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)