

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90060 017 ***150.00

DOCUMENT # H31575

1. Entity Name
MEADOWS PROPERTIES, INC.

Principal Place of Business

310 HWY 542
DUNDEE FL 33838

Mailing Address

P.O. BOX 668
DUNDEE FL 33838

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2467535

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEADOWS, WAYMON E
404 RIDGEWOOD AVENUE
DUNDEE FL 33838

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, 2002 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

TITLE **D** ☐ Delete
NAME **MEADOWS, WAYMON E**
STREET ADDRESS **404 RIDGEWOOD AVENUE**
CITY-ST-ZIP **DUNDEE FL 33838**

TITLE **STD** ☐ Delete
NAME **MEADOWS, JULIA A**
STREET ADDRESS **404 RIDGEWOOD AVE**
CITY-ST-ZIP **DUNDEE FL 33838**

TITLE **PD** ☒ Delete
NAME **VALENTINE, MATTHEW**
STREET ADDRESS **11 PINE FOREST CIRCLE**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **V** ☐ Delete
NAME **MEADOWS, JULIA A**
STREET ADDRESS **404 RIDGEWOOD AVE**
CITY-ST-ZIP **DUNDEE FL 33838**

TITLE **D** ☐ Delete
NAME **MEADOWS, STEVEN**
STREET ADDRESS **6053 W LAKE RUTH DRIVE**
CITY-ST-ZIP **DUNDEE FL 33838**

TITLE **D** ☐ Delete
NAME **MEADOWS, KEVIN**
STREET ADDRESS **1402 BLUFF LOOP**
CITY-ST-ZIP **DUNDEE FL 33838**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **MEADOWS, WAYMON E.**
STREET ADDRESS **404 Ridgewood Ave**
CITY-ST-ZIP **Dundee FL 33838**

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

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01

863-439-5542

Date

Daytime Phone #

CR2E034 (9/01)