

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J05024

FILED
Jan 14, 2002 8:00 AM
Secretary of State

Entity Name: MEADOWS BUSINESS SYSTEMS INCORPORATED

Current Principal Place of Business:

1057 CEPHAS RD
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

1057 CEPHAS RD
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-2639449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEADOWS, JERRILEE SKIP
2842 QUAIL HOLLOW ROAD
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEADOWS, ANDREW D,
Address: 1203 WILLOWICK CIR
City-St-Zip: SAFETY HARBOR, FL

Title: ST () Delete
Name: MEADOWS, ROBERT T,
Address: 2842 QUAIL HOLLOW RD.
City-St-Zip: CLEARWATER, FL 33761

Title: CEO () Delete
Name: MEADOWS, JERRILEE SK, IP
Address: 2842 QUAIL HOLLOW RD.
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEADOWS, ANDREW D,
Address: 1203 WILLOWICK CIR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW D MEADOWS

P

01/14/2002

Electronic Signature of Signing Officer or Director

Date