

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90372 038 \*\*\*150.00

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**DOCUMENT # J84364**

**1. Entity Name**  
**MRMC CONSTRUCTION, INC.**

**Principal Place of Business**

**P.O. BOX 10**  
**VERO BEACH FL 32961**

**Mailing Address**

**P.O. BOX 10**  
**VERO BEACH FL 32961**

**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**  
**59-2834379**

**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**

**MEADE, JEFFREY S.**  
**1400 26TH STREET**  
**VERO BEACH FL 32960**

**Name** Meade, Jeffrey S.  
**Street Address (P.O. Box Number is Not Acceptable)**  
697 8th Court  
**City** Vero Beach **FL** 32962

**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** Cheryl Meade Holmes **DATE** 4.9.02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>P</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>MEADE, JEFFREY S.</b>
<b>STREET ADDRESS</b>	<b>669 ACACIA ROAD</b>
<b>CITY-ST-ZIP</b>	<b>VERO BEACH FL 33963</b>
<b>TITLE</b>	<b>VP</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>MEADE, MARK</b>
<b>STREET ADDRESS</b>	<b>445 12TH STREET SW</b>
<b>CITY-ST-ZIP</b>	<b>VERO BEACH FL</b>
<b>TITLE</b>	<b>VPD</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>MEADE, MARK</b>
<b>STREET ADDRESS</b>	<b>445 12TH ST SW</b>
<b>CITY-ST-ZIP</b>	<b>VERO BEACH FL</b>
<b>TITLE</b>	<b>ST</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>MEADE, CHERYL L</b>
<b>STREET ADDRESS</b>	<b>2061 50TH AVENUE</b>
<b>CITY-ST-ZIP</b>	<b>VERO BEACH FL 32960</b>
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<u>Vero Beach, FL 32963</u>
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<u>32962</u>
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<u>32962</u>
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<u>Cheryl Meade Holmes</u>
<b>STREET ADDRESS</b>	<u>6003 DeLeon Avenue</u>
<b>CITY-ST-ZIP</b>	<u>Ft. Pierce, FL 34951</u>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** Cheryl Meade Holmes **DATE** 4.9.02 **Daytime Phone #** 772 562 5822 Ext 5#  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)

**634711**



DO NOT WRITE IN THIS SPACE