

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90100 046 ***150.00

DOCUMENT # K12098

1. Entity Name
301 MERIDIAN, INC.

Principal Place of Business Mailing Address
37837 MERIDIAN AVENUE., STE 314 **37837 MERIDIAN AVENUE., STE 314**
DADE CITY FL 33525 **DADE CITY FL 33525**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2876114** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SCHRADER, JEROME G
37837 MERIDIAN AVENUE., STE 314
DADE CITY FL 33525

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 _____ (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

TITLE	PD	<input type="checkbox"/> Delete
NAME	STURWOLD, RAYMOND E	
STREET ADDRESS	37837 MERIDIAN AVENUE., STE 314	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HERSCH, LARRY S	
STREET ADDRESS	12249 U.S. HWY 301	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, THOMAS E	
STREET ADDRESS	13924 SEVENTH STREET	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHRADER, JEROME G	
STREET ADDRESS	37837 MERIDIAN AVENUE., STE 314	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROBERTS, KEVIN T	
STREET ADDRESS	13924 SEVENTH STREET	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Raymond Earl Sturwold 1/24/01 352-54-4044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)