

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000009329

FILED  
Jan 22, 2002 8:00 AM  
Secretary of State

Entity Name: MEGGS ENTERPRISES, LLC

## Current Principal Place of Business:

2405 MONT CLAIRE DR., UNIT 201  
NAPLES, FL 34109

## New Principal Place of Business:

4947 TAMIAMI TRAIL N  
206  
NAPLES, FL 34103

## Current Mailing Address:

2405 MONT CLAIRE DR., UNIT 201  
NAPLES, FL 34109

## New Mailing Address:

4947 TAMIAMI TRAIL N  
206  
NAPLES, FL 34103

FEI Number: 65-1139094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUDGINS, THOMAS F  
821 5TH AVENUE SOUTH, STE. 201  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

HUDGINS, THOMAS F  
791 TENTH ST SOUTH  
SUITE B  
NAPLES, FL 34102 US

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:

01/22/2002

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: MEGGS, PATRICK W MR  
Address: 9029 TERRANOVA DRIVE  
City-St-Zip: NAPLES, FL 34109 US

Title: MGRM ( ) Change (X) Addition  
Name: MEGGS, SANDRA MRS  
Address: 9029 TERRANOVA DRIVE  
City-St-Zip: NAPLES, FL 34102 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PATRICK W MEGGS

MR

01/22/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date