

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L22315**

1. Entity Name

MEARS SPECIAL SERVICES, INC.**FILED****Apr 23, 2001 8:00 am**
Secretary of State

04-23-2001 90112 050 ***150.00

0056973

Principal Place of Business

**324 W. GORE ST
ORLANDO FL 32806
US**

Mailing Address

**% SWANN, HADLEY & ALVAREZ, P.A.
1031 W. MORSE BLVD SUITE 270
WINTER PARK FL 32789
US****CU050301**

2. Principal Place of Business

3. Mailing Address

Swann & Hadley, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1031 W. Morse Blvd., Suite 160

City & State

City & State

Winter Park, FL

4. FEI Number

59-3017482

Applied For

Not Applicable

Zip

Country

Zip

Country

32789**U.S.**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

**SWANN, HADLEY & ALVAREZ, P.A.
1031 W. MORSE BLVD
SUITE 270
WINTER PARK FL 32789**

Name

Swann & Hadley, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1031 W. Morse Blvd., Suite 160

City

Winter Park**FL**Zip Code
32789

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

4-16-019. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MEARS, PAUL S JR	324 W GORE ST	ORLANDO FL	<input type="checkbox"/>
V	SEARCY, ROBERT A.	324 W GORE ST	ORLANDO FL	<input type="checkbox"/>
DV	MEARS, JONATHAN P.	324 W GORE ST	ORLANDO FL	<input type="checkbox"/>
DV	MEARS, JAMES L.	324 W GORE ST	ORLANDO FL	<input type="checkbox"/>
DCOB	MEARS, PAUL S., SR.	324 W GORE ST	ORLANDO FL	<input type="checkbox"/>
S	BAKER, TIMOTHY L	324 W GORE ST	ORLANDO FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
T	Carns, Charles E. Jr.	324 W. Gore Street	Orlando, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Timothy Baker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy L. Baker

4/2/01

Date

(407)422-4561

Daytime Phone #

CR2E034 (10/00)