

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90082 022 \*\*\*150.00

**DOCUMENT # L22315**

1. Entity Name  
**MEARS SPECIAL SERVICES, INC.**

Principal Place of Business  
**324 W. GORE ST**  
**ORLANDO FL 32806**  
**US**

Mailing Address  
**% SWANN, HADLEY & ALVAREZ, P.A.**  
**1031 W. MORSE BLVD SUITE 160**  
**WINTER PARK FL 32789**  
**US**

00030775



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**324 W. Gore St**  
 Suite, Apt. #, etc.

City & State

City & State  
**Orlando, FL**

4. FEI Number **59-3017482**  
 Applied For  
 Not Applicable

Zip Country  
**32806 USA**

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

6. Name and Address of Current Registered Agent  
**SWANN, HADLEY & ALVAREZ, P.A.**  
**1031 W. MORSE BLVD**  
**SUITE 160**  
**WINTER PARK FL 32789**

7. Name and Address of New Registered Agent  
 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 **President** **2-5-2002**  
Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P</b> <b>MEARS, PAUL S JR</b> <b>324 W GORE ST</b> <b>ORLANDO FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>V</b> <b>SEARCY, ROBERT A.</b> <b>324 W GORE ST</b> <b>ORLANDO FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DV</b> <b>MEARS, JONATHAN P.</b> <b>324 W GORE ST</b> <b>ORLANDO FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DV</b> <b>MEARS, JAMES L.</b> <b>324 W GORE ST</b> <b>ORLANDO FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DCOB</b> <b>MEARS, PAUL S., SR.</b> <b>324 W GORE ST</b> <b>ORLANDO FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>S</b> <b>BAKER, TIMOTHY L</b> <b>324 W GORE ST</b> <b>ORLANDO FL</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>EVP</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D/VP</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D/VP</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 L. Baker** **1/22/02** **407-422-4561**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING Daytime Phone #

CR2E034 (9/01)

Attachment  
DOC# L22315  
B003074

**Mears Special Services, Inc.**

**ADDITIONS:**

Treasurer: Chuck E. Carns, Jr.

Address: 324 W Gore Street  
Orlando, FL 32806