

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90363 018 \*\*\*150.00

01/27/2003 AV

**DOCUMENT # L22315**

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



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

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



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

**59-3017482**

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **MEARS, PAUL S JR**  
STREET ADDRESS **324 W GORE ST**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **President** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **EVP** ☐ Delete  
NAME **SEARCY, ROBERT A.**  
STREET ADDRESS **324 W GORE ST**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DVP** ☐ Delete  
NAME **MEARS, JONATHAN P.**  
STREET ADDRESS **324 W GORE ST**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **D/V** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DVP** ☐ Delete  
NAME **MEARS, JAMES L.**  
STREET ADDRESS **324 W GORE ST**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **D/V** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MEARS, PAUL S., SR.**  
STREET ADDRESS **324 W GORE ST**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **BAKER, TIMOTHY L**  
STREET ADDRESS **324 W GORE ST**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 changed, or on an.

**SIGNATURE:**

*Timothy Baker*  
**Timothy L. Baker**

1/15/03

407-254-0244

CR2E034 (10/02)

*Attachments*

**Document # L22315**

*300 23288*

**Entity Name: Mears Special Services, Inc.**

**Officers and Directors:**

T  
Carns, Charles E. Jr.  
324 W Gore Street  
Orlando, FL 32806