2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L35387

1. Entity Name

MEININGER, FISHER & MANGUM, P.A.

LEIGH O MEININGER DA



FILED Mar 20, 2003 8:00 am §
Secretary of State

03-20-2003 90098 041 ***150.00

Augh K. Molling	001-11.11.				
Principal Place of Business 111 N ORANGE AVE	Mailing Address POST OFFICE BOX				
STE 1750	ORLANDO FL 32802	?-1946			
ORLANDO FL 32801	US		# 1838/1810 868 11/86 8/84 14/86 14/84 14/84 14/84 14/84 14/84 14/84 14/84 14/84 14/84 14/84 14/84 14/84 14/84	. 18.11	
US					
2. Principal Place of Business 421 E. CENTRAL BIND	3. Mailing Address	**************************************	I TOUREN ESO PAUL DALOU AND LIURA IONA IONA IONA	4 E	
Suite, Apt. #, etc. 57E 1201	Suite, Apt. #, etc.		. X CHECK HERE IF MAKING CHANGES		
City & State OLLANDO, FL	City & State		4. FEI Number 59-3032155	Applied For Not Applicable	
Zip 32801 Country USA	Zip	Country		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
		Name			
MEININGER, LEIGH R					
530 E CENTRAL BLVD		Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
STE 1105					
ORLANDO FL 32801		City	-	Zip Code	
		City	FL	, Zip code	
The above named entity submits this statement the obligations of registered agent.	nt for the purpose of changir	ng its registered office or reg	stered agent, or both, in the State of Florida. I am f	amiliar with, and accept	
SIGNATURE		week a			
Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered Agent signature rec	quired when reinstating) DATE		

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE PRESIDENT, SECY DIRECTORING Change ☐ Delete MEININGER, LEIGH R. NAME NAME MEININGER LEIGH R. STE 1105 530 E CENTRAL BLVD STE 1105 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition MANGUM, KEVIN NAME NAME 111 N. ORANGE AVE STE., #1750 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP STD Delete TITLE ☐ Change ☐ Addition MEININGER, JOHN HENRY I NAME NAME STREET ADDRESS 111 N ORANGE AVE., STE 1750 STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

REQUIRED

☐ Delete

☐ Delete

Change

Change

☐ Addition

☐ Addition