

2000 UNIFORM BUSINESS REPORT (UBR)

11/14/94

DOCUMENT # N99000002168

1. Entity Name

MEOW HAVEN, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

205 KINGS BLVD., C-66
SUN CITY CENTER FL 33573

Mailing Address

P.O. BOX 274252
TAMPA FL 33688

2. Principal Place of Business

2420 W. Brandon Blvd #223

3. Mailing Address

P.O. Box 274252

Suite, Apt. #, etc.

#223

Suite, Apt. #, etc.

City & State

Brandon, FL

City & State

Tampa, FL

Zip

33511-4717

Country

USA

Zip

33688-4252

Country

4. FEI Number

59-3571471

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOWERY, PATRICIA

205 KINGS BLVD., C-66
SUN CITY CENTER FL 33573

2420 W. Brandon Blvd
#223
Brandon, FL 33511-4717

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-6-00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE: Pres., Director ☐ Delete
NAME: Patricia Lowery
STREET ADDRESS: 2420 W. Brandon Blvd #223
CITY-ST-ZIP: Brandon, FL 33511-4717

TITLE: Director ☐ Delete
NAME: Anna McElroy
STREET ADDRESS: 205 Kings Blvd C-66
CITY-ST-ZIP: Sun City Center, FL 33573

TITLE: Director ☐ Delete
NAME: Eugene McElroy
STREET ADDRESS: 205 Kings Blvd C-66
CITY-ST-ZIP: Sun City Center, FL 33573

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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STREET ADDRESS: ☐ Change ☒ Addition
CITY-ST-ZIP: ☐ Change ☒ Addition

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 the receiver or trustee empowered to execute this report as required by Chapter 617, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Lowery, D. Patricia Lowery 7-6-00 813-917-6923

Daytime Phone #

CR2E037 (5/00)