

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002168

1. Entity Name

MEOW HAVEN, INC.

Principal Place of Business

1310 E SPENDER ST  
PLANT CITY FL 33566

Mailing Address

P.O. BOX 274252  
TAMPA FL 33688-4252

2. Principal Place of Business

3. Mailing Address

1310 E. SPENDER ST  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PLANT CITY FL

Zip

Country

Zip

Country

33566

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

7. Name and Address of New Registered Agent

LOWERY, PATRICIA  
1310 E SPENDER ST  
PLANT CITY FL 33566

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME LOWERY, PATRICIA  
STREET ADDRESS 1310 E SPENDER ST  
CITY-ST-ZIP PLANT CITY FL 33566 ☐ Delete

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

TITLE D  
NAME MCELROY, ANNA  
STREET ADDRESS 205 KINGS BLVD., C-66  
CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 2210 GRENADIER DR  
CITY-ST-ZIP Sun City Center, FL 33573-5668 ☒ Change ☐ Addition Address

TITLE D  
NAME MCELROY, EUGENE  
STREET ADDRESS 205 KINGS BLVD., C-66  
CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 2210 GRENADIER DR  
CITY-ST-ZIP Sun City Center, FL 33573-5668 ☒ Change ☐ Addition Address

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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

4-25-02

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)