

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 23, 2000 8:00 am**  
**Secretary of State**

08-23-2000 90032 030 \*\*\*150.00

**DOCUMENT # P00000000709**

1. Entity Name  
**MEWERCS, INC.**

*R*

Principal Place of Business  
**7527 CLANTON TRAIL  
 BAYONET POINTE FL 34667**

Mailing Address  
**P O BOX 5589  
 HUDSON FL 34674**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3618532**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TRENKA, HERB  
 7527 CLANTON TRAIL  
 BAYONET POINTE FL 34667**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<del>Pres.</del>	<input type="checkbox"/> Delete
NAME	<del>Herb M. Trenka</del>	
STREET ADDRESS	<del>7527 Clanton Trail</del>	
CITY-ST-ZIP	<del>Bayonet Pointe FL 34667</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Herb M. Trenka	
STREET ADDRESS	7527 Clanton Trail	
CITY-ST-ZIP	Bayonet Pointe FL 34667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Herb M. Trenka**

**08.15.00** **941-768-9600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment ... Doc # P000000000709

A0074396

**Herb M. Trenka**  
7527 Clanton Trail  
Bayonet Point, Fl 34667

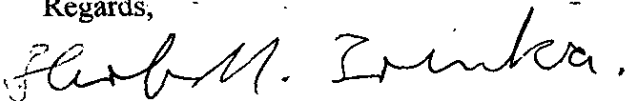
August 11, 2000

Florida Dept. Of State  
Division of Corporations  
Tallahassee, Fl 32314

RE: 2000 UBR for Mewerco Inc.

This corporation was formed effective December 30, 1999. I did not receive a first copy of a 2000 UBR and was informed by your office on August 10, 2000 to pay the standard \$150.00 annual fee and use the second notice form.

Regards,



Herb M. Trenka  
President  
Mewerco Inc.