

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90119 020 ***158.75

DOCUMENT # P00000016277

1. Entity Name

MESH CORPORATION

Principal Place of Business

408 W UNIVERSIT AVE STE 406
GAINESVILLE FL 32601

Mailing Address

408 W UNIVERSIT AVE STE 406
GAINESVILLE FL 32601

2. Principal Place of Business

2302 NW 71ST PLACE

3. Mailing Address

2302 NW 71ST PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

59-3632601

☒ Applied For

☐ Not Applicable

Zip

Country

32653 US

Zip

Country

32653 US

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

HOPE, A BICE

408 W UNIVERSIT AVE STE 406
GAINESVILLE FL 32601

Name

MABEL EUGENIA SILVA

Street Address (P.O. Box Number is Not Acceptable)

2302 NW 71ST PLACE

City

GAINESVILLE

FL

Zip Code

32653

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

MABEL E. SILVA, MABEL E. SILVA, PRESIDENT

04/25/01

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE **D** ☒ Delete
NAME **HOPE, A BICE**
STREET ADDRESS **408 W UNIVERSIT AVE STE 406**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/V/T/S/D/C/M** ☒ Change ☐ Addition
NAME **MABEL E. SILVA**
STREET ADDRESS **2302 NW 71ST. PL**
CITY-ST-ZIP **GAINESVILLE, FL 32653**

TITLE **V/M** ☐ Change ☒ Addition
NAME **OLMEDO D. HERNANDEZ**
STREET ADDRESS **4610 NW 29TH TERR.**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **V** ☐ Change ☒ Addition
NAME **OLMEDO HERNANDEZ**
STREET ADDRESS **4531 NW 28TH TERR**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **V** ☐ Change ☒ Addition
NAME **GREGORY UMLAUF**
STREET ADDRESS **2302 NW 71ST PLACE**
CITY-ST-ZIP **GAINESVILLE, FL 32653**

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

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

MABEL E. SILVA

MABEL E. SILVA

04/25/01 (352)3737731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)