

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90211 020 ***150.00

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DOCUMENT # P00000016277

1. Entity Name
MESH CORPORATION



Principal Place of Business
2302 NW 71ST PLACE
GAINESVILLE FL 32653

Mailing Address
2302 NW 71ST PLACE
GAINESVILLE FL 32653

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3632601**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVA, MABEL E
2302 NW 71ST PLACE
GAINESVILLE FL 32653

Name **WESTLING, MABELLE**
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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPD** ☐ **Delete**
NAME **HERNANDEZ, OLMEDO D**
STREET ADDRESS **4531 NW 28TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **President (P)** ☒ **Change** ☐ **Addition**
NAME **HERNANDEZ, OLMEDO D.**
STREET ADDRESS **4730 NW 32nd Ave**
CITY-ST-ZIP **GAINESVILLE-FL-32606**

TITLE **D** ☒ **Delete**
NAME **HERNANDEZ, OLMEDO**
STREET ADDRESS **105855 NW 36TH LANE**
CITY-ST-ZIP **GAINESVILLE FL 32606**

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

TITLE **ST** ☐ **Delete**
NAME **UMLAUF, THOMAS**
STREET ADDRESS **10555 NW 36TH LANE**
CITY-ST-ZIP **GAINESVILLE FL 32606**

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

TITLE **P** ☐ **Delete**
NAME **SILVA, MABEL**
STREET ADDRESS **10555 NW 36TH LANE**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **VICE-PRESIDENT (VP)** ☒ **Change** ☐ **Addition**
NAME **WESTLING, MABELLE**
STREET ADDRESS **2302 NW 71st Place**
CITY-ST-ZIP **GAINESVILLE-FL-32653**

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

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

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

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

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)