

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT # P00000035582**

1. Entity Name

**M.E. MANAGEMENT, INC.**

08-04-2002 90156 002 \*\*\*550.00

0113063 AT

Principal Place of Business  
**456 BOUCHELLE DR., #102**  
**NEW SMYRNA BEACH FL 32168**

Mailing Address  
**456 BOUCHELLE DR., #102**  
**NEW SMYRNA BEACH FL 32168**



2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number **59-3636313**

Applied For  
 Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

Zip

Country

Zip

Country

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**DOWELL, MARSHALL E**  
**456 BOUCHELLE DR**  
**# 102**  
**NEW SMYRNA BEACH FL 32168**

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. 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

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 \$550.00**  
**After September 13, 2002 Fee 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 **D** ☐ Delete  
 NAME **EDISON DOWELL, MARSHALL**  
 STREET ADDRESS **456 BOUCHELLE DR., #102**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 all other like empowered.

SIGNATURE:

**W. E. DOWELL**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/19/02**

**4022381**

CR2E034 (4/02)