

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90089 008 \*\*\*550.00

**DOCUMENT # P00000066211**

1. Entity Name  
**MERIDIAN MORTGAGE CORP.**

Principal Place of Business  
**4404 SOUTH FLORIDA AVENUE #9**  
**LAKELAND FL 33813**

Mailing Address  
**4404 SOUTH FLORIDA AVENUE #9**  
**LAKELAND FL 33813**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3234 S Florida Ave**  
 Suite, Apt. #, etc.  
**Suite G**

3. Mailing Address  
**3234 S Florida Ave**  
 Suite, Apt. #, etc.  
**Suite G**

City & State  
**Lakeland FL**  
 Zip  
**33803**

City & State  
**Lakeland FL**  
 Zip  
**33803**

4. FEI Number **59-3657458**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MARZELLO, JEFFREY A**  
**4404 SOUTH FLORIDA AVENUE #9**  
**LAKELAND FL 33813**

7. Name and Address of New Registered Agent  
 Name  
**Marzello, Jeffrey A**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3234 S Florida Ave**  
 Suite G  
 City  
**Lakeland FL**  
 Zip Code  
**33803**

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 *Jeff Marzello* DATE 9/13/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARZELLO, JEFF</b> <b>745 BRYSON LOOP</b> <b>LAKELAND FL 33809</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MARZELLO, NICK</b> <b>6023 MAGPIE DR</b> <b>LAKELAND FL 33809</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Marzello, Jeff</b> <b>1157 Pogonia Dr</b> <b>Lakeland FL 33801</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: *Jeff Marzello* DATE 9/13/02 888-701-9755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)