

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000115875		
1. Entity Name MEB SERVICES, INC.		
Principal Place of Business 9181 KEATING DR. PALM BEACH GARDENS, FL 33410		Mailing Address 9181 KEATING DR. PALM BEACH GARDENS, FL 33410
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
Country		Country
4. FEI Number -65-1067118		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BROWN, MOLLY E 9191 KEATING DR PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent
Name <u>Same</u>		Street Address (P.O. Box Number Is Not Acceptable) <u>9181 Keating Dr.</u>
City <u>Same</u>		State <u>FL</u>
Zip Code		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: <u>Molly E. Brown</u> <u>Molly E. Brown</u> <u>4-24-03</u> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent Signature required when applicable) DATE</small>		
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BROWN, MOLLY E 9191 KEATING DR PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BROWN, WILLIAM W 9191 KEATING DR PALM BEACH GARDENS, FL 33410	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 9181 Keating Dr. Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete	Change <input type="checkbox"/> Addition <input type="checkbox"/> 9181 Keating Dr. Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: <u>Molly E. Brown</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <u>Molly E. Brown</u>		Date <u>4-24-03</u> Daytime Phone # <u>(561)694-1813</u>

11023900



CHECK HERE IF MAKING CHANGES

CPRE034 (10/02)