

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000018154

1. Entity Name
MEETING THE NEED, INC.

Principal Place of Business Mailing Address
5252 55TH AVE. N. 5252 55TH AVE. N.
ST. PETERSBURG FL 33709 ST. PETERSBURG FL 33709

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 59-3699544 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ACCOUNTING & TAX HELP, INC.
8668 PARK BLVD.
SUITE A
SEMINOLE FL 33777

7. Name and Address of New Registered Agent
Name Beth Gallagher
Street Address (P.O.) 5252-55th Av. N.
City St. Petersburg FL 33709

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 [Signature] DATE [Blank]
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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME GALLAGHER, BETH E
STREET ADDRESS 5252 5TH AVENUE N.
CITY-ST-ZIP ST. PETERSBURG FL 33709 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE: [Signature] Beth Gallagher 4/29/02 727-528-2625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-21-2002 91144 011 ***150.00



DO NOT WRITE IN THIS SPACE

CRE034 (9/01)