FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 19, 2002 8:00 am Secretary of State P01000026901 **DOCUMENT #** 1. Entity Name 9-19-2002 90151 045 ***150.00 MEEKS INTEGRATED SYSTEMS, INC. Principal Place of Business Mailing Address 574 1ST AVE. NORTH 574 1ST AVE. NORTH ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 3. Mailing Address 19 1037 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 149 Applied For City & State 4. FEI Number Reasure Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33706 3))0 Fee Required 6. Name and Address of Current Registered Agent. -7.-Name and Address of New Registered Agent Name MEEKS, GLENN Street Address (P.O. Box Number is Not Acceptable) 574 1ST-AVE. NORTH ST. PETERSBURG FL 33701 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE Delete NAME MEEKS, GLENN NAME 574 1ST AVE. NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33701 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 3 > 7 06 ☐ Delete TITLE Change ☐ Addition NAME ← NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - 2 ☐ Delete ☐ Change ☐ Addition TITLE

13. Thereby 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 trusted 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 a paddress with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-2

Daytime Phone #

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