

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000052012

FILED  
Feb 10, 2003  
Secretary of State

Entity Name: THP MERIDIAN CORPORATION

**Current Principal Place of Business:**

ONE OAKWOOD BLVD., STE. 195  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

ONE OAKWOOD BLVD., STE. 195  
HOLLYWOOD, FL 33020

**New Mailing Address:**

FEI Number: 65-1111681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHULTZ, DAVID  
ONE OAKWOOD BLVD., STE. 195  
HOLLYWOOD, FL 33020

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PFEFFER, OLIVER  
Address: ONE OAKWOOD BLVD., STE. 195  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete  
Name: SCHULTZ, DAVID  
Address: ONE OAKWOOD BLVD., STE. 195  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete  
Name: REICH, DAVID  
Address: ONE OAKWOOD BLVD., STE. 195  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLIVER PFEFFER

D

02/10/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date