

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90366 013 \*\*\*150.00

**DOCUMENT # P01000058972**

**1. Entity Name**  
**MEALEY ENTERPRISES, INC.**

**Principal Place of Business**  
**8235 DANBURY BLVD., #103**  
**NAPLES FL 34120**

**Mailing Address**  
**8235 DANBURY BLVD., #103**  
**NAPLES FL 34120**

**2. Principal Place of Business**

**3. Mailing Address**

**8920 Cypress Preserve PL** →

Suite, Apt. #, etc.

**City & State**  
**Fort Myers FL**

**City & State**  
**FL** →

**4. FEI Number**  
**693728518**

**Applied For**  
**Not Applicable**

**Zip**  
**33912**

**Country**  
**USA**

**Zip**  
**→**

**Country**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MEALEY, JOSEPH F**  
**8235 DANBURY BLVD., #103**  
**NAPLES FL 34120**

**Name** **MEALEY JOSEPH F.**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**8920 Cypress Preserve PL**  
**City** **Fort Myers** **FL** **Zip Code** **33912**

**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** *Joseph Mealey*  
 Signature, typed or printed name of registered agent and title if applicable.

*Sheila Mealey*  
 (NOTE: Registered Agent signature required when reinstating)

**4-10-02**  
 DATE

**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**  
 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **MEALEY, JOSEPH F**  
**STREET ADDRESS** **8235 DANBURY BLVD., #103**  
**CITY-ST-ZIP** **NAPLES FL 34120**

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

**TITLE** **D** ☐ Delete  
**NAME** **TAMBLYN MEALEY, SHEILA A**  
**STREET ADDRESS** **8235 DANBURY BLVD., #103**  
**CITY-ST-ZIP** **NAPLES FL 34120**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

*Joseph Mealey*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-02**

Date

Daytime Phone #

**239-561-5427**

CR2E034 (9/01)