

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90063 035 ***550.00

DOCUMENT # P01000086445

1. Entity Name
MERIDIAN SECURITY CONSULTING CORPORATION

Principal Place of Business
**130 E. COLONIAL DRIVE. #130
ORLANDO FL 32801**

Mailing Address
**130 E. COLONIAL DRIVE. #130
ORLANDO FL 32801**

2. Principal Place of Business

3. Mailing Address
124 W. LINCOLN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MT. VERNON NY

4. FEI Number
59-3747336

Applied For
☐ Not Applicable

Zip

Country

Zip
10550

Country
USA

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

**HENRY, WILLIAM E
13030 SAN DIEGO WOODS LANE
ORLANDO FL 32824**

Name **ROBSON, MICHAEL**
Street Address (P.O. Box Number is Not Acceptable)
130 E. COLONIAL DRIVE STE # 130
City **ORLANDO** FL Zip Code **32801**

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

MICHAEL ROBSON

8/21/02

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
NAME **D**
STREET ADDRESS **ROBSON, MICHAEL**
CITY-ST-ZIP **124 W. LINCOLN AVE.
MT. VERNON NY 32801**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

MICHAEL ROBSON

8/21/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)