

**FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # *P01600096694*
1. Entity Name
Monticello Meadows, Inc.

FILED

02 NOV 20 11:12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2012 S. Jefferson St.
Suite, Apt. #, etc.

3. Mailing Address
2012 S. Jefferson St.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Monticello FL

City & State
Monticello FL

4. FEI Number
593756108

Applied For
Not Applicable

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

Zip
32344

Country
US

Zip
32344

Country
US

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Michael A. Reichman, Esq.

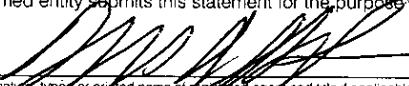
Street Address (P.O. Box Number is Not Acceptable)
380 N. Jefferson St.

City
Monticello

FL

Zip Code
32344

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)

DATE *11/15/02*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President/Secretary Christopher Lloyd Wilson 1045 Old Driftwood Rd. Monticello FL 32344</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>800009109528 11/20/02--01057--013 **150.00</i>
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

Mayer

PARKWAY HOUSING, INC.
P.O. Box 627
Monticello, FL 32345
(850) 997-3033

November 14, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement of Corporate Status

Dear Gentlemen:

I request that the reinstatement fee for our corporation be waived. The Corporation did not received the two prior UBR notices because of confusion due to the change of all county wide rural route addresses to 911 addresses which occurred this year. I am enclosing a completed application for reinstatement and a check for \$150.00 to pay the filing fee.

Thank you for your consideration of our request.

MONTICELLO MEADOWS, INC.

Christopher L. Wilson
By: CHRISTOPHER L. WILSON (C#)
President