

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 09, 2003 8:00 am**  
**Secretary of State**

07-09-2003 90034 041 \*\*\*150.00

0015196 AV

**DOCUMENT # P01000114325**

1. Entity Name  
**ROBERT K. MEEKS, P.A.**



Principal Place of Business  
**2909 CEDENA COVE ST  
ORLANDO FL 32817**

Mailing Address  
**2909 CEDENA COVE ST  
ORLANDO FL 32817**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-2335951**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEEKS, ROBERT K  
2909 CEDENA COVE ST  
ORLANDO FL 32817**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PRES  
MEEKS, ROBERT K  
2909 CEDENA COVE ST  
ORLANDO FL 32817**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**ROBERT K. MEEKS, P.A.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

90141008  
# P01000114325

July 6, 2003

Division Of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

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To Whom It May Concern:

Please be advised that per instructions under the heading "Frequently Asked Questions" I am attaching this letter to state that I have not received prior notice for this year's UBR and am paying the original amount owed immediately upon receipt of this notice. Please advise me immediately should there be any problem processing this report or payment thereof.

Sincerely,



Robert K Meeks  
President

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