FILED

Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90260 002 ***150.00

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

DOCUMENT #

P02000018516

1. Entity Name

NAME

STREET ADDRESS

CITY-ST-ZIP

K	ጺ	W	MEYER	ENTERPRISE	INC

					\						
Principal Place of Business 4571 SANTA CLARA AVE MIDDLEBURG FL 32068			4571 3	Mailing Address 4571 SANTA CLARA AVE MIDDLEBURG FL 32068			-				
2. Principal F	Place of Busin	ness	3. Mai	3. Mailing Address			-	1			
Suite, Apt.	. #, etc.		Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number Applied For Not Applied For				
Zip		Country	Zip		Country		5. Ce	ertificate of Status Desired	\$8	.75 Ad Require	Iditional
	6. Name	and Address of Curren	t Registere	d Agent			7Na	ame and Address of New Register	red Age	nt	
						Name					
BLOCKER 9107 LOW				Street Address			(P.O. Box Number is Not Acceptable)				
		2226							 .		
JACHSONVILLE FL 32226						City			FL	Zip Cod	ie
8. The above	named entity	y submits this statement f	or the purp	ose of changing its re	egistered o	office or register	red ager	nt, or both, in the State of Florida. I		liar with,	and accept
the obligat	tions of regist	ered agent.									
SIGNATURE .	Signature typed	or printed name of registered agen	it and title if appl	licable. (NOTE:	Registered Age	ant signature required	d when rein:	stating) DA	ATE.		
. * After	r:May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Départment o	of State	<u>.</u> .		 		Election Campaign Financing Trust Fund Contribution.			00 May Be d to Fees
10.		OFFICERS AND	<u>_</u>	38	11.		 ADD	ITIONS/CHANGES TO OFFICERS	AND DIE	RECTOR	S IN 11
TITLE	P	0,11021107111	2011120101	☐ Delete	TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
NAME	MEYER, W	AYNE			NAME	-					
STREET ADDRESS CITY-ST-ZIP		ra Clara ave Rg Fl 32068			STREET AL						
TITLE	D	NG FE 32000		☐ Delete	TITLE					Change	Addition
NAME	MEYER, JA	COB			NAME						
STREET ADDRESS	,	TA CLARA AVE			STREET AL						
TITLE	D	RG FL 32068		Delete	CITY-ST-	~	- 5			Change	☐ Addition*
NAME	MEYER, KI	=I i YN		CT Delete	NAME	}				Uniquigo	
STREET ADDRESS		TA CLARA AVE			STREET AL	ODRESS					
CITY-ST-ZIP		RG_FL 32068			CITY-ST-	ZIP					
TITLE				Delete	TITLE					Change	Addition
NAME Street address					NAME STREET AC	ODRESS					
CITY-ST-ZIP					CITY-ST-						ĺ
TITLE				☐ Delete	TITLE		·			Change	Addition
NAME	[NAME						
STREET ADDRESS CITY-ST-ZIP					STREET AD						
TITLE				Delete	TITLE					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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

9046268776