

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

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90227 017 \*\*\*150.00

DOCUMENT # P02000033316

1. Entity Name

MEIER MANAGEMENT INC.

**90027035**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3079 MYSTIC FALLS DR

3. Mailing Address  
3079 MYSTIC FALLS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

4. FEI Number  
**04-3637563**

Applied For  
Not Applicable

Zip  
32224

Country  
USA

Zip  
32224

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

Name **A1A REGISTERED AGENT, INC.**

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

**25 S.E. 2ND AVENUE SUITE 1036**

City **MIAMI**

**FL**

Zip Code  
**33131**

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

*[Signature]*

**PAUL SMITH, Vice President**

**02-07-03**

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)

**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

**DPST**  
**MEIER W JR BERNARD**  
**3079 MYSTIC FALLS DR**  
**Jacksonville, FL 32224**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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:

*Bernard W. Meier*

**MEIER W JR BERNARD, DPST**

**1-23-03 (904) 742-4424**

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)