

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90170 006 ***150.00

DOCUMENT # P02000045162

1. Entity Name

THE LAW OFFICES OF GREGORY A. MEEKS II P.A.



Principal Place of Business

1510 EAST COLONIAL DRIVE
SUITE 303
ORLANDO FL 32810

Mailing Address

1510 EAST COLONIAL DRIVE
SUITE 303
ORLANDO FL 32810

2. Principal Place of Business

1510 East Colonial Dr.

3. Mailing Address

1510 East Colonial Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 303

Suite 303

City & State

City & State

Orlando, Florida

Orlando, Florida

Zip

Country

Zip

Country

32803

U.S.

32803

U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3649467

Applied For

Not Applicable

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

MEEKS, GREGORY A II
1510 EAST COLONIAL DRIVE
SUITE 303
ORLANDO FL 32803

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 \$150.00.

After May 1, 2003 Fee will be \$550.00

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 ☐ Delete
P MEEKS, GREGORY A II
STREET ADDRESS 1510 EAST COLONIAL DRIVE SUITE 303
CITY-ST-ZIP ORLANDO FL 32810

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/03/03

(407) 856-1872

Date

Daytime Phone #

0103121 AV

CR2E034 (10/02)