

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90950 009 ***150.00

DOCUMENT # P02000055519

1. Entity Name
MEAD ENTERPRISES, INC.



Principal Place of Business
243 W PARK AVE STE 201
WINTER PARK FL 32789

Mailing Address
243 W PARK AVE STE 201
WINTER PARK FL 32789

2. Principal Place of Business
4047 Bee Ridge Rd
Suite, Apt. #, etc.

3. Mailing Address
4047 Bee Ridge Rd
Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
33-1004669

Applied For
Not Applicable

Zip
34233

Country
USA

Zip
34233

Country
USA

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

6. Name and Address of Current Registered Agent

LARSEN, ERIK C
243 W PARK AVE STE 201
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name
Michelle Mead
Street Address (P.O. Box Number is Not Acceptable)
4047 Bee Ridge Rd
City
Sarasota **FL** **Zip Code**
34233

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 Michelle Mead **MICHELLE MEAD V. PRESIDENT** **2/26/03**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ **Delete**
NAME **MEAD, ANDREW**
STREET ADDRESS **DERI DOBBSWEIR RD**
CITY-ST-ZIP **HODDESDON HEARTS EN110BQ**

TITLE **VD** ☐ **Delete**
NAME **MEAD, MICHELLE**
STREET ADDRESS **DERI DOBBSWEIR RD**
CITY-ST-ZIP **HODDESDON HEARTS EN110BQ**

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ **Change** ☐ **Addition**
NAME **Mead, Andrew**
STREET ADDRESS **4047 Bee Ridge Rd**
CITY-ST-ZIP **Sarasota, FL 34233**

TITLE **VD** ☒ **Change** ☐ **Addition**
NAME **Mead, Michelle**
STREET ADDRESS **4047 Bee Ridge Rd**
CITY-ST-ZIP **Sarasota, FL 34233**

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

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

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

TITLE ☐ **Change** ☐ **Addition**
NAME
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: Michelle Mead **MICHELLE MEAD V. PRESIDENT** **2/26/03** **941-9214659**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)