2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P02000060523

1. Entity Name

MEETINGS RESOURCE, INC.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90055 042 ***150.00

<u> </u>					100 WE 1				
Principal Place of Business 3780 BURNS ROAD SUITE 3 PALM BEACH GARDENS FL 33410		Malling Address 3780 BURNS ROAD SUITE 3 PALM BEACH GARDENS FL 33410						1(1) 20 11 2 0 141 0118 1 3 (1)	ie alega aug regi
2. Principal Place of Business		3. Mailing Address				\dashv			
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF I	MAKING CHANGE	S
City & Sta	te	City & State			4. [Number 55 7389	 	Applied For	
Zip	Country	Zip		Countr	Country		- 	\$8.75 A	Not Applicable dditional
	6. Name and Address of Currer	t Registers	od Agent	 	-	7.1	lama and Address of Nov. Dout		reu
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAKASSEE FL 32301					Name Street Address	·- ·-	ox Number is Not Acceptable)	stered Agent	
					City	•		FL Zip Co	
the obliga	e named entity submits this statement tions of registered agent. Signature, typed or printed name of registered ager				d office or registe		V.	a. I am familiar with	n, and accept
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	of State					Election Campaign Financ Trust Fund Contribution.	☐ Adde	00 May Be ed to Fees
	OFFICERS AND	DIRECTO	RS .	11.		ADI	DITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEHL, GEORGE 1053 SHADY LAKES CIRCLE PALM BEACH GARDENS FL 334	18	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. +	☐ Delete	TITLE NAME STREET CITY-SI	ADDRESS 1-ZIP	T etg		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	ADDRESS - ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	ADDRESS - ZIP	<u>-</u>		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		<u> </u>	☐ Delete	TITLE NAME	AODRESS			☐ 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03

561-625-880 paytime Phone #