

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90206 029 \*\*\*150.00

0011821 AT

**DOCUMENT # P02000125409**

1. Entity Name

MEINSTEAD, INC.



Principal Place of Business

2537 S.E. 17TH STREET  
OCALA FL 34471

Mailing Address

2537 S.E. 17TH STREET  
OCALA FL 34471

2. Principal Place of Business

3. Mailing Address

PO Box 721

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Silver Springs FL

Zip

Country

34489

USA

4. FEI Number

71-0916946

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CAMP, DENNIS D ESQ.  
2537 S.E. 17TH STREET  
OCALA FL 34471

7. Name and Address of New Registered Agent

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

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY - ST - ZIP

PRES  
ROBERTA M. CARR  
14600 SE 77th CT.  
Summerfield, FL 34491

STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTA M. CARR 4-8-03 (352) 421-3045

Date

Daytime Phone #

CR2E034 (10/02)