

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-15-2003 90170 035 ***150.00

DOCUMENT # P92000009963

1. Entity Name
MISTY MEADOWS, INC.



Principal Place of Business
**5258 LINTON BLVD. #104
DELRAY BEACH FL 33484**

Mailing Address
**5258 LINTON BLVD. #104
DELRAY BEACH FL 33484**



2. Principal Place of Business

3. Mailing Address

15040 Lox Rd

Suite, Apt. #, etc.

City & State

City & State

Boca Raton, FL

Zip

Country

33074

Palmdale

4. FEI Number **65-0375423**

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

GLASER, KAYE

**9411 LAKE SERENA DRIVE
BOCA RATON FL 33496**

**9411 Lake Serena
Boca Raton, FL
33496**

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

Kaye L Glaser

(NOTE: Registered Agent signature required when reinstating)

1/9/03

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
STREET ADDRESS
CITY-ST-ZIP
**PTD
GLASER, KENNETH
9411 LAKE SERENA DRIVE
BOCA RATON FL 33496** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GLASER, KAYE
9411 LAKE SERENA DRIVE
BOCA RATON FL 33496** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ 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.

SIGNATURE:

Kaye L Glaser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3614967900

CR2E034 (10/02)