

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
 05-04-2000 90170 026 ***150.00

DOCUMENT # P93000015414

1. Entity Name

PRICE - MEEK PROPERTIES, INC.

Principal Place of Business

Mailing Address

**6299-5 POWERS AVE.
 JACKSONVILLE FL 32217**

**6299-5 POWERS AVE.
 JACKSONVILLE FL 32217**

002096



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3168841

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KELLY, TIMOTHY P
 200 W. FORSYTH ST.
 SUITE 1020
 JACKSONVILLE FL 32202**

Name

Kelly, Timothy P.

Street Address (P.O. Box Number is Not Acceptable)

1016 LaSalle Street

City

Jacksonville

FL

Zip Code

32207

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/00

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **PRICE, SAMUEL**
 STREET ADDRESS **6299-5 POWERS AVE.**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

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

TITLE **VSTD** ☐ Delete
 NAME **PRICE, CHARLES B**
 STREET ADDRESS **6299-5 POWERS AVE.**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

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

TITLE **VD** ☐ Delete
 NAME **MEEK, MICHAEL C**
 STREET ADDRESS **6299-5 POWERS AVE.**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

13. 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 11 or Block 12 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

SAMUEL PRICE

Date

4-7-00 (904) 733-4899

Daytime Phone #

CR2E034 (9/99)