

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000031109

1. Entity Name
MEINS CORPORATION

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90011 043 ***150.00

Principal Place of Business

6005 N WICKHAM RD
UNIT 2-6
MELBOURNE FL 32935
US

Mailing Address

2851 PENNINGTON PL
MELBOURNE FL 32935-2444
US

2. Principal Place of Business

2870 KIRBY AVE
Suite, Apt. #, etc.
#3

3. Mailing Address

2870 KIRBY AVE
Suite, Apt. #, etc.
#3

City & State

PALM BAY FL
Zip 32905 Country USA

City & State

PALM BAY FL
Zip 32905 Country USA

4. FEI Number

59-3180808

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEINS, TIMOTHY
2857 PENNINGTON PL
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

Timothy MEINS

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

1020 ABADA CT. #106

City

PALM BAY

FL

Zip Code

32905

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

2/21/00

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MEINS, TIMOTHY M.	
STREET ADDRESS	2857 PENNINGTON PL	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	YERKES, RICK	
STREET ADDRESS	2857 PENNINGTON PL	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy M. MEINS	
STREET ADDRESS	2870 Kirby AVE #3	
CITY-ST-ZIP	Palm bay FL 32905	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert J. Thomas	
STREET ADDRESS	2870 Kirby AVE #3	
CITY-ST-ZIP	Palm bay, FL 32905	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY E. EATON	
STREET ADDRESS	1020 ABADA CT. #106	
CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

2/21/00

321-727-2892

Date

Daytime Phone #

CR2E034 (9/99)