

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90444 047 ***158.75

DOCUMENT # P93000031109

1. Entity Name

MEINS CORPORATION

Principal Place of Business

2870 KIRBY AVE
 #3
 PALM BAY FL 32905
 US

Mailing Address

2870 KIRBY AVE
 #3
 PALM BAY FL 32905
 US

2. Principal Place of Business

1921 R J Conlan Blvd
 Suite, Apt. #, etc.
 #5

3. Mailing Address

1921 R J Conlan Blvd
 Suite, Apt. #, etc.
 #5

City & State

Palm Bay FL
 Zip 32905 Country US

City & State

Palm Bay FL
 Zip 32905 Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEINS, TIMOTHY
 1020 AJSADA CT #106
 PALM BAY FL 32905

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.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

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, 2001 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	2870 KIRBY AVE #3	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, ROBERT J	
STREET ADDRESS	2870 KIRBY AVE #3	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	EATON, MARY E	
STREET ADDRESS	1020 ABADA CT #106	
CITY-ST-ZIP	PALM BAY FL 32905	
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	P/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIM MEINS	
STREET ADDRESS	1921 R J CONLAN BLVD #5	
CITY-ST-ZIP	PALM Bay FL 32905	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angela Tuck	
STREET ADDRESS	1921 R J CONLAN BLVD #5	
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

TIM MEINS

Date

3/15/01

Daytime Phone #

321-727-2892

0077877

CR2E034 (10/00)