2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State DOCUMENT # P93000045493 05-18-2001 91559 023 ***150.00 MERĪDIAN MANAGEMENT AND DEVELOPMENT, INC. Mailing Address Principal Place of Business 11911 US HWY ONE 11911 US HWY ONE SUITE 210 SUITE 210 NO PALM BEACH FL 33408 NO PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0492885 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COOK, STEPHEN D 11911 US HWY ONE SUITE 308 US HWY. ONE - Suite 201 NO PALM BEACH FL 33408 ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named (NOTE: Registered Agent signature required when reinstating) registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 ... 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PTD Change ☐ Addition TITLE ☐ Delete stephen D. TITLE Cook, Stephen D NAME NAME 11911 US HWY ENE - # 210 NORTH PALM BEACH, FL 33408 11911 US HWY ONE #308 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NO PALM BEACH FL 33408 CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE COOK, MARLIES M NAME NAME 11911 US HWY ONE #308 STREET ADDRESS STREET ADDRESS NO PALM BEACH FL 33408 CITY-ST-ZIP CITY-ST-ZIP SD ☐ Change ☐ Addition TITLE Delete TITLE COOK, JONATHAN R NAME NAME 11911 US HWY ONE #308 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NO PALM BEACH FL 33408 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED