2002 UNIFORM BUSINESS REPORT (UBR)

May 27, 2002 8:00 am § Secretary of State **DOCUMENT #** P93000045493 1. Entity Name MERIDIAN MANAGEMENT AND DEVELOPMENT, INC. 05-27-2002 90366 011 ***150.00 Principal Place of Business Mailing Address 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. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0492885 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOK, ROBERT B. 11911 US HWY ONE SUITE 308 NO PALM BEACH FL 33408 8. The above na/ pose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete ☐ Change ☐ Addition COOK, STEPHEN D NAME NAME 11911 US HWY ONE # 210 STREET ADDRESS STREET ADDRESS NO PALM BEACH FL 33408 CITY-ST-ZIP CITY-ST-ZIP VD Delete TITLE TITLE Change CAN MARLIES M. COOK. MARLIES M NAME NAME 11911 45. Hwy. One - # 210 North Palm Beach, Th 33408 STREET ADDRESS 11911 US HWY ONE #308 STREET ADDRESS CITY-ST-ZIP NO PALM BEACH FL 33408 CITY - ST - ZIP TITLE Delete Vice-President TITLE ☐ Change Addition COOK-JONATHAN:R= Burke Grant NAME 11911 US Hay One - #210 STREET ADDRESS 11911 US HWY ONE #308 STREET ADDRESS NO PALM BEACH FL 33408 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P 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 is 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

FILED