

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000083739

1. Entity Name

MERIDIAN CAPITAL GROUP, INC.

Principal Place of Business

195 WEKIVA SPRINGS RD.
STE. ~~200~~ 310
LONGWOOD FL 32779
US

Mailing Address

195 WEKIVA SPRINGS RD.
STE. ~~200~~ 310
LONGWOOD FL 32779
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3214190

Applied For

Not Applicable

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

O'BRIEN, MICHAEL M
1701 PERCH LN.
SANFORD FL 32771

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS JOHN R. MANION
CITY-ST-ZIP 1227 MAJESTIC OAK DRIVE
APOPKA FL

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS MANION, JOHN R
CITY-ST-ZIP 1227 MAJESTIC OAK DR.
APOPKA FL

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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

John R. Manion

Date

4/26/01

Daytime Phone #

407-862-0062

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90822 026 ***150.00

00047761



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)