

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000016245

1. Entity Name  
MEADORS ENTERPRISES, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90042 015 \*\*\*150.00

Principal Place of Business  
209 CRABTREE AVE  
ORLANDO FL 32835  
US

Mailing Address  
209 CRABTREE AVE.  
ORLANDO FL 32835-1911  
US

2. Principal Place of Business  
*162 Randia Dr.*

3. Mailing Address  
*162 Randia Dr.*

Suite, Apt. #, etc.

City & State  
*Orlando FL*

City & State  
*Orlando FL*

Zip  
*32822*

Country  
*Orange*

4. FEI Number **59-3227609**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required\*\*

6. Name and Address of Current Registered Agent  
MEADORS, DONALD W  
209 CRABTREE AVE  
ORLANDO FL 32835

7. Name and Address of New Registered Agent  
Name  
*Jeffrey A. Meadors*  
Street Address (P.O. Box Number is Not Acceptable)  
*162 Randia Dr.*  
City  
*Orlando* FL Zip Code  
*32822*

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 *Donald W. Meadors P/O R. W. Meadors* 1-28-00  
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEADORS, DONALD W 209 CRABTREE AVE ORLANDO FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P/O Jeffrey A. Meadors</i> <i>162 Randia Dr.</i> <i>Orlando, FL 32822</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MEADORS, MARGO L 209 CRABTREE AVE ORLANDO FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>517 Tammy H. Meadors</i> <i>162 Randia Dr.</i> <i>Orlando, FL 32822</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Donald W. Meadors P/O R. W. Meadors* 1-28-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *107 223-1843*

CR2E034 (9/99)