2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

P94000045158

R.G. MEYER & ASSOCIATES, INC. 01-09-2002 90024 022 ***150.00 Mailing Address Principal Place of Business 4061 13TH ST. 4061 13TH ST. ST. CLOUD FL 34769 ST. CLOUD FL 34769 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 59-3252353 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEYER, RICHARD G Street Address (P.O. Box Number is Not Acceptable) 4061 13TH ST. ST. CLOUD FL 34769 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE MEYER, RICHARD G NAME NAME CR2E034 4061 13TH ST. STREET ADDRESS STREET ADDRESS ST. CLOUD FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HAMM, MAUREEN NAME NAME STREET ADDRESS 4061 13TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. CLOUD FL 34769 Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

TITLE

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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.

STREET ADDRESS

☐ Delete

FILED

Jan 09, 2002 8:00 am

Secretary of State

(9/01

☐ Change

☐ Addition