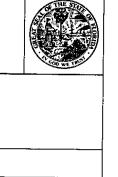
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000045158 DOCUMENT

1. Entity Name

Principal Place of Business

R.G. MEYER & ASSOCIATES, INC.



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90118 049 ***150.00

Principal Place of Business 4061 13TH ST. ST. CLOUD FL 34769 US		4061	Mailing Address 4061 13TH ST. ST. CLOUD FL 34769 US							
2. Principal Place of Business		3. Ma	3. Mailing Address							
Suite, Apt	#, etc.	Su	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Sta	te	Cit	City & State			4.	FEI Number 59-3252353	├	Applied For Not Applicable	
Zip	Country	Zip		try	5.	Certificate of Status Desired	\$8.75 A Fee Requi	dditional		
6. Name and Address of Current Registered Agent						7. 1	7. Name and Address of New Registered Agent			
MEYER, RICHARD G 4061 13TH ST. ST. CLOUD FL 34769				ĺ	Name Street Addre	ess (P.O. B	lox Number is Not Acceptable)	71		
J 0200					City		F	Zip Co	ode	
8. The above the obligation	named entity submits this statementions of registered agent.	nt for the purp	pose of changing its	registere	d office or regi	istered age	ent, or both, in the State of Florida. I an		n, and accept	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if app	plicable. (NOTE	E: Registered	Agent signature req	quired when re	instating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees	
10.	OFFICERS AT	ND DIRECTO	PRS	11,		AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEYER, RICHARD G 4061 13TH ST. ST. CLOUD FL		☐ Delete	TITLE NAME STREE CITY-1	T ADDRESS			☐ Change		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	S HAMM, MAUREEN 4061 13TH ST. ST. CLOUD FL 34769		☐ Delete	NAME STREE	T ADDRESS			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>		□ Delete	TITLE NAME STREET	ADDRESS		· · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete A	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	•••		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Delete	TITLE NAME STREET CITY-S'	ADDRESS T-ZIP			☐ Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

407-872-4300