

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90161 046 ***150.00

DOCUMENT # P95000011885

1. Entity Name

MEADE & WHARTON, INC.



Principal Place of Business

**711 EVERGREEN ST.
NEW SMYRNA BEACH FL 32169**

Mailing Address

**P.O. BOX 1348
FLAGLER BCH FL 32136**

2. Principal Place of Business

4428 DORIS DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3295035

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

MEADE, DUANE

711 EVERGREEN ST.

NEW SMYRNA BEACH FL 32169

Name

DUANE MEADE

Street Address (P.O. Box Numbers Not Acceptable)

4428 DORIS DR.

City

NEW SMYRNA BEACH

FL

Zip Code

32169

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
**WHARTON, MICHAEL
5431 MAHOGONY BLVD.
BUNNELL FL 32110**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
MEADE, DUANE
803 EVERGREEN ST.
NEW SMYRNA BEACH FL 32169**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)