

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90444 034 \*\*\*150.00

**DOCUMENT # P95000063829**

**1. Entity Name**  
**JOEL E. MEIKRANTZ, P.A.**

**Principal Place of Business**

~~385-21ST AVENUE~~  
~~VERO BEACH FL 32962~~

**Mailing Address**

~~385-21ST AVENUE~~  
~~VERO BEACH FL 32962~~

**941217**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**1423 RED OAK LANE**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**1423 RED OAK LANE**  
 Suite, Apt. #, etc.

**City & State**  
**PORT CHARLOTTE, FLA.**

**Zip**  
**33948**

**Country**  
**U.S.A.**

**City & State**  
**PORT CHARLOTTE, FLA.**

**Zip**  
**33948**

**Country**  
**U.S.A.**

**4. FEI Number**

**65-0605512**

**Applied For**

**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**MEIKRANTZ, JOEL E**  
**385-21ST AVENUE**  
**VERO BEACH FL 32962**

**7. Name and Address of New Registered Agent**

**Name**  
**MEIKRANTZ, JOEL E.**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1423 RED OAK LANE**  
**City**  
**PORT CHARLOTTE** **FL** **Zip Code**  
**33948**

**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** JOEL E. MEIKRANTZ, President Joel E. Meikrantz April 9, 2002  
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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>MEIKRANTZ, JOEL E</b>
<b>STREET ADDRESS</b>	<b>385-21ST AVENUE</b>
<b>CITY - ST - ZIP</b>	<b>VERO BEACH FL 32962</b>
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>MEIKRANTZ, JEAN R</b>
<b>STREET ADDRESS</b>	<b>385-21ST AVENUE</b>
<b>CITY - ST - ZIP</b>	<b>VERO BEACH FL 32962</b>
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
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<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>MEIKRANTZ, JOEL E.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>MEIKRANTZ, JOEL E.</b>
<b>STREET ADDRESS</b>	<b>1423 RED OAK LANE OK</b>
<b>CITY - ST - ZIP</b>	<b>PORT CHARLOTTE, FL 33948</b>
<b>TITLE</b>	<b>MEIKRANTZ, JEAN R.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>MEIKRANTZ, JEAN R.</b>
<b>STREET ADDRESS</b>	<b>1423 RED OAK LANE</b>
<b>CITY - ST - ZIP</b>	<b>PORT CHARLOTTE, FL 33948</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**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:** Joel E. Meikrantz, President April 9, 2002 (941) 629-6583  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)