

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90121 033 ***150.00

0642443 AT

DOCUMENT # P95000086630

1. Entity Name
MEADOWS UTILITY COMPANY, INC.



Principal Place of Business
10374 N. NATCHEZ LOOP
DUNNELLON FL 34434

Mailing Address
10374 N. NATCHEZ LOOP
DUNNELLON FL 34434



2. Principal Place of Business
1795 N. Florida Ave
Suite, Apt. #, etc.

3. Mailing Address
1795 N. Florida Ave
Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
Hernando Florida
Zip 34442 Country

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Hernando Florida
Zip 34442 Country

4. FEI Number **59-3344518** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

LAFORD, PAUL P
10374 N. NATCHEZ LOOP
DUNNELLON FL 34434

7. Name and Address of New Registered Agent

Name **LAFORD, PAUL**
Street Address (P.O. Box Number is Not Acceptable) **1795 N. Florida Ave.**
City **Hernando** **FL** **Zip Code** **34442**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3/26/03**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D Secretary / Treasurer <input type="checkbox"/> Delete
NAME	LAFORD, PAUL P
STREET ADDRESS	10374 NORTH NATCHEZ LOOP
CITY-ST-ZIP	DUNNELLON FL
TITLE	Jerald Laford President <input type="checkbox"/> Delete
NAME	1795 N. Florida Ave
STREET ADDRESS	Hernando FL 34442
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Paul Laford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL LAFORD **352-860-2044**

Date

Daytime Phone #

CR2E034 (10/02)