

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90092 050 ***158.75

DOCUMENT # P96000011659

1. Entity Name
MERIDIAN CONSULTING, INC.

Principal Place of Business

1705 METROPOLITAN BLVD.
 SUITE 102
 TALLAHASSEE FL 32308
 US

Mailing Address

P. O. BOX 14989
 TALLAHASSEE FL 32317
 US

00047731



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2864-C Remington Green Cir
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip Country

32308 Leon

4. FEI Number

59-3363051

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILKINSON, BEN H
 215 S MONROE ST
 2ND FLOOR
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
 NAME BLACK, JOHN F III
 STREET ADDRESS 3665 DWIGHT DAVIS DR
 CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE D
 NAME WILKINSON, BEN H
 STREET ADDRESS 215 S MONROE ST 2ND FLOOR
 CITY-ST-ZIP TALLAHASSEE FL 32301 ☒ Delete

TITLE ST
 NAME BLACK, LAURIE R
 STREET ADDRESS 3665 DWIGHT DAVIS DR
 CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE D
 NAME DURHAM, WILLIAM M
 STREET ADDRESS 2864 REMINGTON GREEN CIRCLE
 CITY-ST-ZIP TALLAHASSEE FL 32308 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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: *Laurie R. Black* Laurie R. Black
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02 850-386-9898
 Date Daytime Phone #

CR2E034 (9/01)