

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90313 025 ***150.00

DOCUMENT # P96000014444

1. Entity Name
ADAIR-MESH INVESTMENTS, INC.



Principal Place of Business
**2030 CAPPS RD.
LAKE WALES FL 33853**

Mailing Address
**2030 CAPPS RD.
LAKE WALES FL 33853**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3364636**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MESH, RONALD
2030 CAPPS RD.
LAKE WALES FL 33853**

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. 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	P	<input type="checkbox"/> Delete
NAME	MESH, RONALD	
STREET ADDRESS	2030 CAPPS RD.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	V	<input type="checkbox"/> Delete
NAME	ADAIR, KEN L	
STREET ADDRESS	2030 CAPPS RD.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MESH, BARBARA	
STREET ADDRESS	2030 CAPPS RD.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ADAIR, CAROLINE	
STREET ADDRESS	2030 CAPPS RD.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Ronald Mesh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD MESH

1/27/03
Date

863-676-7577
Daytime Phone #

CR2E034 (10/02)