

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93645 003 ***150.00

DOCUMENT # P96000085245

1. Entity Name

MEEKS, DORMAN & COMPANY, P.A.

Principal Place of Business

**2180 W STATE ROAD 434
 SUITE 4148
 LONGWOOD FL 32779
 US**

Mailing Address

**2180 W STATE ROAD 434
 SUITE 4148
 LONGWOOD FL 32779
 US**

2. Principal Place of Business

1031 W. Morse Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Winter Park, FL

Zip

32789

Country

3. Mailing Address

1031 W. Morse Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Winter Park, FL

Zip

32789

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3405715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MEEKS, CHARLIE M

2180 WEST SR 434

SUITE 4148

LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

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

1031 W. Morse Blvd.

Suite 200

City

Winter Park

FL

Zip Code

32789

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 **P** ☐ Delete
 NAME **MEEKS, CHARLIE M**
 STREET ADDRESS **2180 W STATE ROAD 434, SUITE 4148**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/02

Date

(407) 644-7455

Daytime Phone #

CR2E034 (9/01)