

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90225 022 \*\*\*150.00

**DOCUMENT # P96000085245**

1. Entity Name  
**MECKS & COMPANY, P.A.**



Principal Place of Business  
**1031 N MORSE BLVD #STE 200  
WINTER PARK FL 32789  
US**

Mailing Address  
**1031 N MORSE BLVD #STE 200  
WINTER PARK FL 32789  
US**

2. Principal Place of Business

**446 LAKESHORE DR.**  
Suite, Apt. #, etc.

3. Mailing Address

**446 LAKESHORE DR.**  
Suite, Apt. #, etc.

City & State

**LAKE MARY, FL**

City & State

**LAKE MARY, FL**

Zip

**32746**

Country

**US**

Zip

**32746**

Country

**US**

☐ CHECK HERE IF MAKING CHANGES

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

**MECKS, CHARLIE M  
1031 W MAX BLVD STE 200  
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name  
**MECKS, CHARLIE M.**  
Street Address (P.O. Box Number is Not Acceptable)  
**446 LAKESHORE DR.**

City

**LAKE MARY**

FL

Zip Code

**32746**

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

**CHARLIE M. MECKS, PRESIDENT 3/19/03**

**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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MECKS, CHARLIE M.  
446 Lakeshore Dr.  
Lake Mary, FL 32746** ☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

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

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:

**CHARLIE M. MECKS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/03**  
Date

**407-323-8735**  
Daytime Phone #

CR2E034 (10/02)