

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102677

1. Entity Name
M.E.B. CONSULTANTS, INC.

Principal Place of Business

6426 ELMWOOD AVE
SARASOTA FL 34231

Mailing Address

6426 ELMWOOD AVE
SARASOTA FL 34231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0718239

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOOK, YVONNE E

5910 CORTEZ RD W

BRADENTON FL 34210

Name

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

4802 26TH ST. W. SUITE A

City

BRADENTON, FL

FL

Zip Code

34207

8. The above named entity submits this statement for the purpose of changing its registered office of 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 \$550.00

After September 12, 2001 Fee will be \$750.00

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 | D | <input type="checkbox"/> Delete |
| NAME | BEDWELL, MAX E | |
| STREET ADDRESS | 6426 ELMWOOD AVE | |
| CITY-ST-ZIP | SARASOTA FL 34231 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|-------------------------------------------------------------------|
| TITLE | 800004613938 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | -09/27/01--01074--003 | |
| STREET ADDRESS | ****150.00 ****150.00 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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

Date

Daytime Phone #

FILED

01 SEP 24 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

9828800
AV

CR2E034 (5/01)

PAGE 1 of 2

CPA

YVONNE E. SHOOK, CPA, PA
CERTIFIED PUBLIC ACCOUNTANT

2052
PARKWOOD PROFESSIONAL CENTER
4802 26TH STREET W, SUITE A
BRADENTON, FL 34207-1705

TELEPHONE: 941 / 752-7074
FAX: 941 / 752-7154

September 19, 2001

Florida Department of State
Division of Corporations
Uniform Business Report Filings
Tallahassee, FL 32302-1500

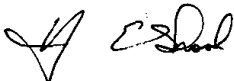
RE: M.E.B. Consultants, Inc.

Enclosed is the second notice for the above Company's 2001 Uniform Business Report. Also enclosed is a check in the amount of \$150.00 for the 2001 filing fee. The above Company, our client, is requesting a waiver of the \$400.00 late fee. The client did not receive the original 2001 report for filing.

The President of M.E.B. Consultant's, Inc. delivered to our office several files of information and tax forms late in tax season. I misunderstood my office assistant previously, thinking that the client had included the 2001 report in the files that were delivered to our office and that she had merely overlooked it. In fact, the client never received the original 2001 report. My assistant saw a copy of the 2000 report and mistakenly thought that it was a copy of the 2001 report that the client had already taken care of. If she hadn't seen that, we would have called the client and inquired as to whether or not the 2001 report had been received.

Thank you for your assistance.

Sincerely,



Yvonne E. Shook
President