

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90548 004 ***158.75

DOCUMENT # P97000018665

1. Entity Name
MEADOW VIEW ESTATES, INC.



Principal Place of Business
560 ELSBERRY RD
APOLLO BCH FL 33572
US

Mailing Address
560 ELSBERRY RD
APOLLO BCH FL 33572
US



2. Principal Place of Business

3. Mailing Address

505 Elsberry Road
Suite, Apt. #, etc.

505 Elsberry Road
Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
Apollo Beach Florida

City & State
Apollo Beach, Florida

4. FEI Number **59-3443815**

Applied For
Not Applicable

Zip **33572** **Country** **Hillsborough**

Zip **33572** **Country** **Hillsborough**

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

SCHMIDT, PETER H.
400 SOUTH DIXIE HIGHWAY
SUITE 420
BOCA RATON FL 33432

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 **D** ☒ **Delete**
NAME **BROOKS, GARY D**
STREET ADDRESS **560 ELSBERRY RD**
CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE **P** ☐ **Change** ☒ **Addition**
NAME **Brooks, Oliver D**
STREET ADDRESS **1256 Vinetree Dr**
CITY-ST-ZIP **Brandon, FL 33510**

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

TITLE **V** ☒ **Change** ☐ **Addition**
NAME **Brooks, Gary D**
STREET ADDRESS **560 Elsberry Rd**
CITY-ST-ZIP **Apollo Beach FL 33572**

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

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03

Date

813-335-5471

Daytime Phone #

CR2E034 (10/02)