

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000061189

1. Entity Name

ME-RE-CHL, INC.

Principal Place of Business

Mailing Address

2340 PERIWINKLE WAY
SUITE J-3
SANIBEL ISLAND FL 33957

2340 PERIWINKLE WAY
SUITE J-3
SANIBEL ISLAND FL 33957-3220

2. Principal Place of Business

2340 Periwinkle Way

Suite, Apt. #, etc.

Suite I-2

City & State

Sanibel Island, FL

Zip
33957

Country
Lee

3. Mailing Address

2340 Periwinkle Way

Suite, Apt. #, etc.

Suite I-2

City & State

Sanibel Island

Zip
33957

Country
Lee

4. FEI Number

65-0771813

Applied For

Not Applied For

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RATLIFF, ROBERT LEE III
2340 PERIWINKLE WAY
SUITE J-3
SANIBEL ISLAND FL 33957

7. Name and Address of New Registered Agent

Name Robert Lee Ratliff III

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

2340 Periwinkle Way

Suite I-2

City

Sanibel Island

FL

Zip Code
33957

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, 2000 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
NAME

PSTD
RATLIFF, ROBERT LEE III
2340 PERIWINKLE WAY, STE J-3
SANIBEL ISLAND FL 33957

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME

PSTD
Ratliff, Robert Lee III
2340 Periwinkle Way, Ste I-2
Sanibel Island, FL 33957

☒ Change ☐ Add

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME

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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

00 JAN 21 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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SP

1-19-2000 941-395-15