

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90074 017 ***150.00

DOCUMENT # P98000009293

1. Entity Name
MEC DEVELOPMENT, INC



Principal Place of Business
**231 TREASURE BEACH ROAD
ST. AUGUSTINE FL 32084**

Mailing Address
**231 TREASURE BEACH ROAD
ST. AUGUSTINE FL 32084**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3491667**

Applied For
Not Applicable

Zip
32080

Country

Zip
32080

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

**COCHRAN, MICHAEL E
231 TREASURE BEACH ROAD
ST. AUGUSTINE FL 32084**

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 *Michael E Cochran*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-22-03
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 ☐ Delete
NAME **P**
STREET ADDRESS **COCHRAN, MICHAEL E**
CITY-ST-ZIP **231 TREASURE BEACH ROAD
ST. AUGUSTINE FL 32084**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **COCHRAN, SHAWNA J**
CITY-ST-ZIP **231 TREASURE BEACH RD
ST AUGUSTINE FL 32080**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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☐ Change ☐ Addition
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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

3-22-03 904 471-1650
Date Daytime Phone #

CR2E034 (10/02)