## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # P98000018844 Feb 15, 2001 8:00 am Secretary of State MERIDIAN ADVISORS, INC. 02-15-2001 90092 041 \*\*\*158.75 Principal Place of Business Mailing Address 8065 S.E. DOUBLETREE DRIVE 8065 S.E. DOUBLETREE DRIVE HOBE SOUND FL 33455 HOBE SOUND FL 33455 UUU11004 2. Principal Place of Business 3. Mailing Address 2440 S.E. FEDERAL HWP. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. SUITE 400-D City & State City & State Applied For 4. FEI Number 65-08 15932 STUART Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 34994 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCCARTHY, TERENCE P Street Address (P.O. Box Number is Not Acceptable) 2081 EAST OCEAN BOULEVARD STUART FL 34996 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition **PTSD** ☐ Delete TITLE Change TITLE MOYER, THOMAS L NAME NAME STREET ADDRESS STREET ADDRESS 8065 SE DOUBLETREE DR CITY-ST-ZIP CITY-ST-ZIP **HOBE SOUND FL 33455** ☐ Addition TITLE Change ☐ Delete MOYER, THOMAS L NAME NAME 8065 SE DOUBLETREE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **HOBE SOUND FL 33455** ☐ Change ☐ Addition -- Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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: