

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90127 034 ***163.75

DOCUMENT # P98000018844

1. Entity Name
MERIDIAN ADVISORS, INC.

Principal Place of Business
**2440 SE FEDERAL HWY
 STE 400-D
 STUART FL 34994**

Mailing Address
**8065 S.E. DOUBLETREE DRIVE
 HOBE SOUND FL 33455**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
10216 CROSBY PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PORT ST. LUCIE

4. FEI Number

65-0815932

Applied For
 Not Applicable

Zip

Country

Zip
34906

Country

ST. LUCIE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCARTHY, TERENCE P
 2081 EAST OCEAN BOULEVARD
 STUART FL 34996**

7. Name and Address of New Registered Agent

Name **MCCARTHY, TERENCE P**
 Street Address (P.O. Box Number is Not Acceptable)
**2400 SE FEDERAL HWY,
 FOURTH FLOOR**
 City **STUART** FL Zip Code **34994**

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

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 13, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PTSD MOYER, THOMAS L 8065 SE DOUBLETREE DR HOBE SOUND FL 33455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MOYER, THOMAS L 8065 SE DOUBLETREE DR HOBE SOUND FL 33455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MOYER, THOMAS L 10216 CROSBY PLACE PORT ST. LUCIE, FL. 34986	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MOYER THOMAS L 10216 CROSBY PLACE PORT ST. LUCIE, FL. 34986	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas L. Moyer **THOMAS L, MOYER** 07/12/02 772-489-9295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment
Doc. # P98000018844
121715



MERIDIAN ADVISORS, INC.

July 12, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Meridian Advisors, Inc.
2002 Uniform Business Report
Document #P98000018844

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To Whom It May Concern:

Per my conversation of today with a customer service representative of your department; enclosed please find the above referenced filing indicating change of address of the Current Registered Agent, and my home address.

I did not receive a form previously, more than likely due to the change of residences and mailing addresses for me, and my agent. Additionally, I have been traveling since June 19, and returning this week. I opened my mail just yesterday and found the delinquent filing form.

I trust the above explanation adequately covers any oversight. As directed by your customer representative, enclosed is Meridian Advisors check #237 in the amount of \$163.75. (\$150 fee, \$8.75 certificate, \$5 Election Trust Fund).

Your consideration is greatly appreciated. Any questions, you can reach me at 772-489-9295.

Yours truly,

Thomas L. Moyer
President

Cc: Terrance C. McCarthy, Esq.