

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000022817**

1. Entity Name
MEGFORD, INC.



Principal Place of Business
12435 COLLIER BLVD
#106
NAPLES FL 34116

Mailing Address
12435 COLLIER BLVD
#106
NAPLES FL 34116

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country** **4. FEI Number** **59-3497946** **Applied For**
Not Applicable

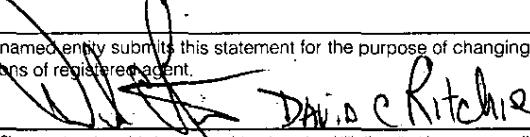
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DAVID, RITCHIE C
12435 COLLIER BLVD
#106
NAPLES FL 34116

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 **3/31/03**

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

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** Delete **D** **DAVID C RITCHIE**
SUITE 106, PINE PLAZA 1725 COUNTY RD 951
NAPLES FL 34116

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** **ONNEE** **DAVID C RITCHIE**
12435 collie Blv #106
Naples FL 34116 Change Addition

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

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

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

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

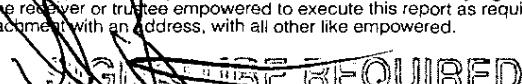
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** Delete

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03 239-455-1003.
Date Daytime Phone #

05010198
AV

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90155 015 ***150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10-02)