

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90112 044 \*\*\*150.00

**DOCUMENT # P98000044193**

1. Entity Name

**MEARS ACQUISITION COMPANY**

Principal Place of Business

**324 W GORE ST  
ORLANDO FL 32806**

Mailing Address

**324 W GORE ST  
ORLANDO FL 32806**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3511622**

Applied For

Not Applicable

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****SWANN HADLEY & ALVAREZ, P.A.  
1031 W MORSE BLVD, SUITE 200  
WINTER PARK FL 32789-3750**Name  
**Swann & Hadley, P.A.**Street Address (P.O. Box Number is Not Acceptable)  
**1031 W. Morse Blvd., Suite 160**City  
**Winter Park****FL**Zip Code  
**32789**

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

**4-16-01**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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD MEARS, PAUL S JR 324 W GORE ST ORLANDO FL 32806</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SEARCY, ROBERT A 324 W GORE ST ORLANDO FL 32806</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MEARS, JAMES B 324 W GORE ST ORLANDO FL 32806</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CARNS, CHARLES E JR 324 W. GORE ST. ORLANDO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST BAKER, TIMOTHY L 3245 W. GORE ST. ORLANDO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MEARS, PAUL S II 324 W GORE STREET ORLANDO FL 32806</b>	<input type="checkbox"/> Delete

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
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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: *Timothy L. Baker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy L. Baker

4/2/01

Date

(407) 422-4561

Daytime Phone #

CR2E034 (10/00)