

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048779

1. Entity Name

ME CONSULTING CORPORATION

Principal Place of Business

Mailing Address

**6 NO. BEST POINT
INVERNESS FL 34450**

**6 NO. BEST POINT
INVERNESS FL 34450-1452**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUNDELIUS, WALTER D SR
8946 NW 49TH TERRACE
MIAMI FL 33178-1919**

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

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's 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 \$180.00
After 1/1/00 Fee will be \$350.00
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	D	<input type="checkbox"/> Delete
NAME	LUNDELIUS, WALTER D SR	
STREET ADDRESS	8946 NW 49TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33178-1919	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EARNEST, MARSHALL	
STREET ADDRESS	6 NO. BEST POINT	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EARNEST, THERESA	
STREET ADDRESS	6 NO. BEST POINT	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
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:

Marshall Earnest **MARSHALL EARNEST** 1/11/00 352 3449490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Displaying Page 4

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90264 011 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**
593282822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required