

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90150 043 ***150.00

DOCUMENT # P98000056575

1. Entity Name

MERIDIAN CAPITAL, INC.

Principal Place of Business

**387 SOUTH SHORE DRIVE
SARASOTA FL**

Mailing Address

**387 SOUTH SHORE DRIVE
SARASOTA FL**

2. Principal Place of Business

7282 55th Ave. E.

Suite, Apt. #, etc.

PMB 199

3. Mailing Address

7282 55th Ave. E.

Suite, Apt. #, etc.

PMB 199

City & State

Bradenton FL

City & State

Bradenton, FL

Zip

Country

34203

USA

Zip

34203

Country

USA

4. FEI Number

65-0847070

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

**WILDES, CLIFFORD
387 SOUTH SHORE DRIVE
SARASOTA FL 34234**

Name **CLIFFORD WILDES**

Street Address (P.O. Box Number is Not Acceptable)

7436 Myrica Drive

City **Sarasota**

FL

Zip Code **34241**

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]

CLIFFORD WILDES

1-16-01

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 \$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 **D** ☐ Delete
NAME **WILDES, CLIFFORD**
STREET ADDRESS **387 SOUTH SHORE DRIVE**
CITY-ST-ZIP **SARASOTA FL 34234**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

[Signature]

CLIFFORD WILDES

Date

Daytime Phone #

941

951-6464

CR2E034 (10/00)