

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91513 037 ***150.00

DOCUMENT # P98000074142

1. Entity Name
MERIDIAN HOME SERVICES, INC.

Principal Place of Business Mailing Address
7204 SHELDON ROAD 7204 SHELDON ROAD
TAMPA FL 33615 TAMPA FL 33615

2. Principal Place of Business 3. Mailing Address
7202 C SHELDON 7202 C SHELDON Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.
C C

City & State City & State
TAMPA, FL TAMPA F
 Zip Country Zip Country
33615 HILLSBOROUGH FL 33615 HILLSBOROUGH



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0866108** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, FRANK
7204 SHELDON ROAD
TAMPA FL 33615

7. Name and Address of New Registered Agent

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 signature required when reinstating)

DATE

9. This corporation is eligible to satisfy the intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, FRANK 7204 SHELDON ROAD TAMPA FL 33615 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILLESPIE, JAMIE M 7204 SHELDON RD TAMPA FL 33615 <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	<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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CR2E034 (9/01)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Meridian Home Services Inc.

Property Maintenance and Property Preservation

Attachment

pg 8000074142

710/362


05/03/02

TO WHOM IT MAY CONCERN:

The enclosed filings were sent in April and were returned to us Postage Due. The exterior envelope was quite battered.

Our office manager is confident she had applied enough postage and suggests the postage fell off due to the condition of mailing envelope.

Cordially yours,


Frank V Perez, Jr.