

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091600

1. Entity Name

MEYNE TECHNOLOGIES, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90006 027 ***150.00

Principal Place of Business

Mailing Address

900 IRONWOOD DR., #915
PONTE VEDRA BCH FL 32082

900 IRONWOOD DR., #915
PONTE VEDRA BCH FL 32082-1658

2. Principal Place of Business

1105 MARSH COVE CT

3. Mailing Address

1105 MARSH COVE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PONTE VEDRA, FL

City & State

PONTE VEDRA, FL

Zip

Country

32082 USA

Zip

Country

32082 USA

4. FEI Number

59-3541828

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

MEYNE, EDWIN H
900 IRONWOOD DR., #915
PONTE VEDRA BCH FL 32082

Name

MEYNE, EDWIN H

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

1105 MARSH COVE CT

City

PONTE VEDRA

FL

Zip Code

32082

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 its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
P
MEYNE, EDWIN H
900 IRONWOOD DR. # 915
PONTE VEDRA FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MEYNE, EDWIN H
1105 MARSH COVE COURT
PONTE VEDRA, FL 32082 ☒ 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

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

Edwin H. Meyne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-2000 (904) 273-6499
Date Daytime Phone #

CR2E034 (9/99)