

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

1. Entity Name

Meadors Concrete and Construction Co., Inc.

FILED

02 JUN -4 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

577 S. Marlene Point

3. Mailing Address

577 S. Marlene Point

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Inverness, Florida

City & State

Inverness, Florida

4. FEI Number

59 3542375

Applied For

Not Applicable

Zip

34450

Country

U.S.

Zip

34450

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Valarie Meadors

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

577 S. Marlene Point

City

Inverness

FL

Zip Code  
34450

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.

N/A

SIGNATURE

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

(NOTE: Registered Agent's signature required when not applicable)

DATE

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

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
President/Treasurer  
Valarie Meadors  
577 S. Marlene Point, Inverness

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Vice President/Secretary  
Gerald Meadors  
577 S. Marlene Point, Inverness

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Valarie Meadors Pres  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-02 (352) 341-6248

Date

Daytime Phone #

CR2E034B (12/01)