

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90060 043 ***550.00

DOCUMENT # P98000099228

1. Entity Name
MEBCO CORPORATION

Principal Place of Business
 67 NW 45TH AVENUE, SUITE 206
 DEERFIELD BEACH FL 33442
 US

Mailing Address
 67 NW 45TH AVENUE, SUITE 206
 DEERFIELD BEACH FL 33442
 US

2. Principal Place of Business
186-H WATERFORD

3. Mailing Address
(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DEERFIELD BEACH, FL

City & State

4. FEI Number **11-2687963**

Applied For
 Not Applicable

Zip **33446**

Country **USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

SMITH, BARRY
 67 NW 45TH AVENUE, SUITE 206
 DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name **BARRY SMITH**
 Street Address (P.O. Box Number is not acceptable) **186-H WATERFORD**
DEERFIELD BEACH, FL 33446
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **BARRY SMITH**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PS	<input type="checkbox"/> Delete
NAME	SMITH, BARRY	
STREET ADDRESS	67 NW 45TH AVENUE #206	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **BARRY SMITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9.5.02**

CR2E034 (4/02)