

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000005377

FILED
Apr 20, 2002 8:00 AM
Secretary of State

Entity Name: MEGILL PROPERTIES, INC.

Current Principal Place of Business:

12744 CORMORANT COVE LANE
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

12744 CORMORANT COVE LANE
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 59-3555872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASSEN, AUDREY
12744 CORMORANT COVE LANE
JACKSONVILLE, FL 32223

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PASSEN, AUDREY
Address: 12744 CORMORANT COVE LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: DV () Delete
Name: ABADI, ALBERT
Address: 2933 COTE ST. CATHERINE RD., MONTREAL
City-St-Zip: QUEBEC, CANADA H3T1C2,

Title: DV (X) Delete
Name: SIMONIS, NICHOLAS F
Address: 12744 CORMORANT COVE LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: DS (X) Delete
Name: ABADI, ARLETTE
Address: 2933 COTE STE. CATHERINE RD., MONTREAL,
City-St-Zip: QUEBEC, CANADA H3T1C2,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PASSEN, AUDREY
Address: 450-106 STATE RD 13 NORTH # 131
City-St-Zip: JACKSONVILLE, FL 32259

Title: DV (X) Change () Addition
Name: SIMONIS, NICOLAAS F SR
Address: 450-106 STATE RD 13 NORTH # 131
City-St-Zip: JACKSONVILLE, FL 322259

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUDREY PASSEN

DP

04/20/2002

Electronic Signature of Signing Officer or Director

Date