2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P9900006895 Mar 02, 2000 8:00 am 1. Entity Name **Secretary of State** MEPCO, INC. 03-02-2000 90009 021 ***150.00 Mailing Address Principal Place of Business 2541 SOUTH SEMORAN BLVD. #1728 2541 SOUTH SEMORAN BLVD. #1728 ORLANDO FL 32822 ORLANDO FL 32822-2748 3. Mailing Address 2. Principal Place of Business 5224 W. State Road 46 <u> 2502 W. 1st. Street</u> Suite, Apt. #, etc. Suite 333 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 59-3554677 Applied For City & State City & State Sanford, Florida Florida Not Applicable Sanford. Country Zip 32771 Country **USA** \$8.75 Additional 5. Certificate of Status Desired 32771 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FORSTER, GARY A Street Address (P.O. Box Number is Not Acceptable) 280 W. CANTON AVENUE SUITE 410 WINTER PARK FL 32789 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change TITLE X Delete TITLE Presidenta, Podesta HUFF, GLEN P NAME NAME Patricia B. Bonner 2541 SOUTH SEMORAN BLVD. #1728 STREET ADDRESS STREET ADDRESS 5414 Carter Road CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP Lake Mary, FL 32746 ☐ Addition Change TITLE ☐ Delete TITLE Vice President NAME NAME Robin B. Bonner STREET ADDRESS STREET ADDRESS 5414 Carter Road CITY-ST-7IP CITY-ST-7IP Lake Mary, FL 32746 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Date

Daytime Phone #