

P 99 0000 46851

Requester's Name

E. E. Meehan & Associates, Inc.  
26337 Feathersound Drive  
Punta Gorda, FL 33955

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #) 300003123233--0  
-02/03/00--01104--003
2. \_\_\_\_\_  
(Corporation Name) (Document #) \*\*\*\*\*35.00 \*\*\*\*\*35.00
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 FEB 25 AM 11:33

FILED

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

February 18, 2000

E.E. MEEHAN & ASSOCIATES, INC.  
26337 FEATHERSOUND DRIVE  
PUNTA GORDA, FL 33955

SUBJECT: E.E. MEEHAN & ASSOCIATES, INC.  
Ref. Number: P99000046851

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00 FEB 25 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for E.E. MEEHAN & ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6957.

Doug Spitzer  
Document Specialist

Letter Number: 300A00008758

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: E. E. MEEHAN & ASSOCIATES, INC.

2. The mailing address of the corporation is: 26448 FEATHERSOUND DR.  
PUNTA GORDA FL. 33955

3. Date of incorporation/qualification: 5/24/99 Document number: P99000046851

4. The name and address of the current registered agent and office:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL. 32301-2525

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

EDWARD E. MEEHAN  
26337 FEATHERSOUND DR.  
PUNTA GORDA, FL. 33955

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Edward E. Meehan President  
(Signature of an officer, chairman or vice chairman of the board)

2/22/00  
(Date)

EDWARD E. MEEHAN PRESIDENT  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Edward E. Meehan  
(Signature of Registered Agent)

2/1/00  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*