2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2001 8:00 am DOCUMENT # P99000046851 Secretary of State E.E. MEEHAN & ASSOCIATES, INC. 01-31-2001 90295 043 ***150.00 Principal Place of Business Mailing Address 26448 PEATHERSOUND-DR 26448 FEATHERSOUND DR PUNTA GORDA FL 33995 1841 PAIO DURO BIVD PUNTA-GORDA-FL 32055 1861 PALO DURO BIVD. CONTABOR NO. FORT MYERS 33917 NO. FORT MYERSF133917 2. Principal Place of Business 861 Palo Duro Blud Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FE! Number 03-0361362 FORT MYERS Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Lee Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEEHAN, EDWARD E 20337 FEATHERSOUND DRIVE 1861 Palo Dura Blv.d. Street Address (P.O. Box Number is Not Acceptable) PUNTA GORDA FL 33955 NO. FORT MYERS FL. Zip Code FL 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Addition MEEHAN, EDWARD E NAME NAME 28448 FEATHERSOUND DR /861 Palo Diro Blvd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition 28448 FEATHERSOUND DR 1861 Polo Duce Blad MEEHAN, LOUISE S NAME NAME STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 33955 NO FT. MYER 33917 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 with an address, with all other-like empowered