

# 2000 UNIFORM BUSINESS REPORT (UBR)

5.

DOCUMENT # P99000062291

1. Entity Name

JAMES MERIL AND ASSOCIATES INC.

**FILED**  
**Jun 21, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90044 030 \*\*\*150.00

Principal Place of Business

Mailing Address

207 JASMINE LANE  
LONGWOOD FL 32779

207 JASMINE LANE  
LONGWOOD FL 32779-4908

2. Principal Place of Business

3. Mailing Address

2101 WEST S.R. 434

2101 WEST S.R. 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 221

STE 221

City & State

City & State

LONGWOOD, FL

LONGWOOD, FL

Zip

Country

Zip

Country

32779

USA

32779

USA

4. FEI Number

59-3588816

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEADOWS, ROY

207 JASMINE LANE

LONGWOOD FL 32779

Name

Street Address (P.O. Box Number is Not Acceptable)

2101 WEST S.R. 434, STE 221

City

LONGWOOD

FL

Zip Code

32779

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)

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PRESIDENT  
ROY MEADOWS  
2101 WEST S.R. 434, STE 221  
LONGWOOD, FL 32779

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.

SIGNATURE:

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

5-1-00 (407) 949-9300

CR2E034 (9/99)