

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN -8 AM 9:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT#

558272

1. Entity Name

MEADOWS REAL ESTATE CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 274

3. Mailing Address

P.O. Box 274

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

City & State

PARRISH FLA.

City & State

PARRISH FLA.

Zip 34219

Country MANATEE

Zip 34219

Country MANATEE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name JOHN E AVERY

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

P.O. Box 274
12234 N US 301

City PARRISH

FL

Zip Code 34219

DO NOT WRITE
IN THIS SPACE

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)

☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE CHAIRMAN - PRESIDENT, SECRETARY
NAME JOHN E AVERY
STREET ADDRESS P.O. Box 274
CITY-ST-ZIP PARRISH, FLA. 34219

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000008967040
11/13/02--01048--023 **550.00

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12/05/02--01039--008 **200.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-02 941-776-3299

Date

Daytime Phone #

CR2E034B (12/01)