## FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 08, 2000 8:00 am Secretary of State **DOCUMENT # V13602** 05-08-2000 90210 040 \*\*\*150 00 R. W. MEISSNER AND ASSOCIATES, INCORPORATED Principal Place of Business Mailing Address CEDAR ISLAND 2 00% 200 2 1468 5 4 m dp in 1 PERRY FL 32348-7304 5 4 47 US CEDAR ISLAND A0056834 2. Principal Place of Business 3. Mailing Address 214685andpiper S. Codor Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3117630 Perry Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent MEISSNER, ROBERT W MEISSNEH, HUBERT WY ROUTE 2 BOX 203 2 1468 Sandpip - 504 Mg. SANDPIPER RD, CEDAR ISLAND Cedal Island Street Address (P.O. Box Number is Not Acceptable) PERRY FL 32347 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PSTD ☐ Addition TITLE Delete TITLE MEISSNER, STELLA P. Meissner, Robert W. 21468 Sandpipter Sorth, redo-15 land Perry, El 32349 NAME NAME STREET ADDRESS ROUTE 2, XOX 203 SANDPIPER RD, CEDAR ISLAN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PERRY FA VPSD Delete TITLE TITLE MEISSNER, ROBERT W NAME NAME ROUTE 2, BOX 203 SANDPIPER RD, CEDAR ISLAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PERRY FL Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR