

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90117 030 ***150.00

DOCUMENT # P25910

1. Entity Name
M. E. V. CORPORATION

Principal Place of Business 22020 MT. EDEN RD. SARATOGA CA 95070	Mailing Address 22020 MT. EDEN RD. SARATOGA CA 95070
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number : **94-2239356** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LYON, ROLF
12805 FOSS GROVE PATH
INGLIS FL 34449

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE P NAME PATTERSON F. JEFFREY STREET ADDRESS 22020 MT EDEN CITY-ST-ZIP SARATOGA CA <input type="checkbox"/> Delete	TITLE D NAME SUTHERLAND, DOUG STREET ADDRESS 6001 POWER INN RD CITY-ST-ZIP SACRAMENTO CA <input type="checkbox"/> Delete
TITLE S NAME PATTERSON, ELEANOR DAVIS STREET ADDRESS 22020 MT. EDEN RD. CITY-ST-ZIP SARATOGA CA <input type="checkbox"/> Delete	TITLE VD NAME PATTERSON, F. JEFFREY STREET ADDRESS 22020 MT. EDEN RD. CITY-ST-ZIP SARATOGA CA <input type="checkbox"/> Delete
TITLE DC NAME HAGEN, D. NEIL STREET ADDRESS 6001 POWER INN RD. CITY-ST-ZIP SACRAMENTO CA <input type="checkbox"/> Delete	TITLE D NAME JOHNSON, DR. ERNEST STREET ADDRESS 450 HOPKINS CITY-ST-ZIP SACRAMENTO CA <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Eleanor Davis **ELEANOR DAVIS** 1/16/01 408 867-5832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/00)