2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

K20430 DOCUMENT

2201 S.W. RIVERSIDE DR.

PALM CITY FL 34990 --

1. Entity Name

JOHN MYERS TOOLS, INC.



Principal Place of Business Mailing Address 2201 S.W. RIVERSIDE DR. 2201 S.W. RIVERSIDE DR. PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 65-0104150 Not Applicable Country Zip Country Zip **\$8.75** Additional 5. Certificate of Status Desired-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MYERS, HELEN Street Address (P.O. Box Number is Not Acceptable) 2201 S.W. RIVERSIDE DR. PALM CITY FL 34990 Zip Code City 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition MYERS, JOHN T. JR NAME NAME STREET ADDRESS 2201 S.W. RIVERSIDE DR. STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change MYERS, HELEN NAME NAME

☐ Addition

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12. 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				

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CITY-ST-7IP

☐ Delete

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-7IP

Change

FILED

04-23-2003 90279 008 ***150.00

Apr 23, 2003 8:00 am Secretary of State