

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # M86674**

1. Entity Name

**MYERS INTERNATIONAL MIDWAYS, INC.****FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90145 050 \*\*\*150.00

0515164

Principal Place of Business <b>7029 NUNDY AVENUE GIBSONTONT FL 33534</b>	Mailing Address <b>PO BOX 1929 GIBSONTONT FL 33534</b>
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**C0042201**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2911429</b>	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****JONES, STEPHEN W  
% WALKER & ASSOC. CPA, P.A.  
211 S. DALE MABRY HIGHWAY  
TAMPA FL 33609****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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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	DT	<input type="checkbox"/> Delete
NAME	MYERS, GLORIA I	
STREET ADDRESS	7029 NUNDY AVENUE	
CITY - ST - ZIP	GIBSONTONT FL 33534	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MYERS, WILLIAM R	
STREET ADDRESS	7029 NUNDY AVENUE	
CITY - ST - ZIP	GIBSONTONT FL 33534	
TITLE	DV	<input type="checkbox"/> Delete
NAME	STARKEY, DAVID E	
STREET ADDRESS	7029 NUNDY AVENUE	
CITY - ST - ZIP	GIBSONTONT FL 33534	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STARKEY, RICHARD H	
STREET ADDRESS	7029 NUNDY AVENUE	
CITY - ST - ZIP	GIBSONTONT FL 33534	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****Treas 3/16/01 813-657-2787**  
Date Daytime Phone #

CR2E034 (10/00)