2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P0100069861 **. Entity Name MEYERS REAL ESTATE COMPANY, INC.				Secretary of State 02-28-2002 90054 043 ***158.75		
Principal Place of Business Mailing Address						
715 E HILLSBORO BLVD. 2ND FLOOR		715 E HILLSBORO BLVD. 2ND FLOOR				
DEERFIELD B	CH FL 33441	DEERFIELD BCH FL 3344	1	 	 	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		15-112492	Applied Fo	
Zip	Country	Zip	Country	5. Certificate of Status Desire	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	N	7. Name and Address of New	v Registered Agent	=
MÊVÊDQ	RUSSELL		Name			
715 E HIL	LSBORO BLVD, 2ND FLOOR		Street Address (P.O. Box Number is Not Acceptable)			
DEERFIEL	D BCH FL 33441		City		FL Zip Code	
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or regis	tered agent, or both, in the State of	Florida.	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signature requ	ired when reinstating)	DATE	-
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May 1, 20	FEE IS \$150.00 2 Fee will be \$550.00 de to Department of S	tate	ution. Added to Fees	
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO C	DEFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	MEYERS, RUSSELL 715 E HILLSBORO BLVD, 2ND FLOOR		TITLE NAME STREET ADDRESS CITY-ST-ZIP	NIA	☐ Change ☐ Add	dition
TITLE	DECIMIEED BOTTLE GOTTL	Delete	TITLE		☐ Change ☐ Ado	dition
NAME STREET ADDRESS CITY-ST-ZIP	N/A		NAME STREET ADDRESS CITY-ST-ZIP	WA		
TITLE		☐ Delete	TITLE	1	☐ Change ☐ Add	dition
NAME	,		NAME	ula		
STREET ADDRESS CITY-ST-ZIP	N/A		STREET ADDRESS CHY-ST-ZIP	N 714	•	
TITLE		☐ Delete	TITLE	,	☐ Change ☐ Add	dition
NAME STREET ADDRESS	N/a		NAME STREET ADDRESS CITY-ST-ZIP	W/12		
CITY-ST-ZIP		Delete	TITLE	<u> </u>	☐ Change ☐ Ado	dition
NAME STREET ADDRESS CHY-ST-ZIP	NA	Bullet	NAME STREET ADDRESS CITY-ST-ZIP	N/x	_ , _	
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE		☐ Change ☐ Add	dition
NAME	NA		NAME CTREET ADDRESS	Nla		
STREET AODRESS CITY-ST-ZIP	•		STREET ADORESS CITY-ST-ZIP	111		
indicated	certify that the information supplied with on this report of supplemental report poration or the receiver or tysice emp or on an attachment with an applicess,	e true and accurate and that r	nu eignatura chall have th	ne same legal effect as if made und	ler oath: that I am an officer or direc	ctor 1