2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000004556

1. Entity Name

MYERS INVESTIGATIVE CONSULTANTS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04-22-2000 90041 027 ***150.00
00 OCT 16 PM 6:25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8751 W BROWARD BLVD STE 109 FT LAUDERDALE FL 33324 US	8751 W BROWARD BLVD STE 109 FT LAUDERDALE FL 33330-3206 US

2. Principal Place of Business	3. Mailing Address
5722 S. Flamingo Rd	5722 S. Flamingo Rd
Suite, Apt. #, etc.: #237	Suite, Apt. #, etc.: #237
City & State: Cooper City, FL	City & State: Cooper City, FL
Zip: 33330 Country: USA	Zip: 33330 Country: USA

4. FEI Number 65-0395319 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MYERS, THOMAS C
8751 W BROWARD BLVD
STE 206
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name: VARAH SIEDLECKI
Street Address (P.O. Box Number is Not Acceptable): 5722 S. Flamingo Rd #237
City: Cooper City FL Zip Code: 33330

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: Registered Agent DATE: 4/17/00
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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Varah Siedlecki, Dir, Pres 5722 S. Flamingo Rd. #237 Cooper City, FL 33330		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition AD

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: VARAH SIEDLECKI 4/17/00 (954) 452-0012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #