

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 374541

1. Entity Name

ROBERT MYERS PAINTING, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90069 039 ***150.00

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|---|---|
| Principal Place of Business 1202 S.DIXIE HWY. LANTANA FL 33462-5410 US | Mailing Address 1202 S.DIXIE HWY. LANTANA FL 33462-6019 US |
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|---|---|
| 2. Principal Place of Business 137 NEPTUNE DR Suite, Apt. #, etc. | 3. Mailing Address 137 NEPTUNE DR Suite, Apt. #, etc. |
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|---|---------------|---|---------------|
| City & State Hypoluxo FL Zip 33462 | Country US | City & State Hypoluxo FL Zip 33462 | Country US |
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|-----------------------------|--|
| 4. FEI Number 59-1308548 | Applied For <input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MYERS ROBERT 137 NEPTUNE DRIVE HYPOLUXO FL 33462 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 | VSD MYERS, ROBERT 137 NEPTUNE DR. HYPOLUXO FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TPD MYERS, KARLA 137 NEPTUNE DR. HYPOLUXO FL <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Karla A. Myers SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4-28-00 Daytime Phone #: 561-582-5150