

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 426794

1. Entity Name

KIP MYERS & ASSOCIATES, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90058 041 ***150.00

Principal Place of Business

Mailing Address

3727 S.E OCEAN BLVD. SUITE 203
 STUART FL 34996

PO BOX 3173
 STUART FL 34995-3173
 US

2. Principal Place of Business

3. Mailing Address

c/o EVELYN J. PARKES CPA

Suite, Apt. #, etc.

*#100
 2240 PALM BCH LAKES BLVD*

City & State

WEST PALM BEACH, FL

Zip

33409

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1461688

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYERS, GEORGE C.
3727 E. OCEAN BLVD. SUITE 203
STUART FL 34996

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	PD	<input type="checkbox"/> Delete
NAME	MYERS, GEORGE C	
STREET ADDRESS	2051 NE OCEAN BLVD	
CITY-ST-ZIP	STUART, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00

Date

(561) 689-2700

Daytime Phone #

CR2E034 (9/99)