

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90087 032 ***150.00

DOCUMENT # 521359

1. Entity Name
MYERS D.A.D., INC.



Principal Place of Business
**9014 BOLTON AVE
HUDSON FL 34667
US**

Mailing Address
**9014 BOLTON AVE
HUDSON FL 34667
US**

2. Principal Place of Business

3. Mailing Address

1855 LADY MARY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CLEAR WATER

Zip

Country

Zip

Country

34616 PINEHILLS

4. FEI Number **59-1710984**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MYERS, DONALD C
9014 BOLTON AVE
HUDSON FL 34667**

7. Name and Address of New Registered Agent

Name **MYERS DONALD C**
Street Address (P.O. Box Number is Not Acceptable)
1855 LADY MARY DR
City **CLEAR WATER** FL Zip Code **34616**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	MYERS, DONALD	
STREET ADDRESS	9014 BOLTON AVE	
CITY-ST-ZIP	HUDSON FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	MYERS, TODD F	
STREET ADDRESS	9014 BOLTON AVE.	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS DONALD	
STREET ADDRESS	1855 LADY MARY DR	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS TODD F	
STREET ADDRESS	1855 LADY MARY DR	
CITY-ST-ZIP	CLEARWATER FL 34616	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DONALD C MYERS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-15-03** Daytime Phone # **777 867 6876**

CR2E034 (10/02)