

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 08:00 AM****Secretary of State****DOCUMENT # A95000001143**

1. Entity Name

R. M. MYERS FAMILY LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

360 S. MILITARY TRAIL

P.O. BOX 2473

DEERFIELD BCH.
33442

FL

ROWLETT
75030

TX

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2611687

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYERS MARVIN
360 S. MILITARY TRAILDEERFIELD BCH.
33442

US

FL

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)

04/18/2001

DATE

9. Capital Contributions
as Shown on record. 1,000.0010. Amount of Capital Contributions
in FLORIDA to date. 1,000.00**11. MAKE CHECK PAYABLE TO DEPT. OF STATE**
SEE REVERSE SIDE FOR FEE INFORMATION**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	MYERS MARVIN	CITY-ST-ZIP	
STREET ADDRESS	360 S. MILITARY TRAIL		
CITY-ST-ZIP	DEERFIELD BCH. FL 33442		
DOCUMENT #		STREET ADDRESS	
NAME	MYERS ROSE M	CITY-ST-ZIP	
STREET ADDRESS	360 S. MILITARY TRAIL		
CITY-ST-ZIP	DEERFIELD BCH. FL 33442		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Marvin L. Myers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Dir 04/18/2001

Date

Daytime Phone #

CR2E003 (11/00)