

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0020191
AB

DOCUMENT # **A95000001144**

1. Entity Name
MYERS-DALLAS FAMILY LIMITED PARTNERSHIP

02 APR 15 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**P.O. BOX 2473
ROWLETT TX 75030**

Mailing Address
**P.O. BOX 2473
ROWLETT TX 75030**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number **75-2611691**

Applied For
Not Applicable

Zip

Country

Zip

Country

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, MARVIN
360 S. MILITARY TRAIL
DEERFIELD BCH. FL 33442**

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

DATE

9. Capital Contributions
as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions
in FLORIDA to date. **\$1,000 -**

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 #
NAME **MYERS, ROSE M**
STREET ADDRESS **360 S. MILITARY TRAIL**
CITY-ST-ZIP **DEERFIELD BCH. FL 33442**

STREET ADDRESS **P.O. Box 2473**
CITY-ST-ZIP **ROWLETT, TX 75030**

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STREET ADDRESS **360 S. MILITARY TRAIL**
CITY-ST-ZIP **DEERFIELD BCH. FL 33442**

STREET ADDRESS **P.O. Box 2473**
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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 Myers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/8/02 (903) 769-0616
Date Daytime Phone #

CR2E003 (9/01)