

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003815

1. Entity Name

MYERS SERVICE, INC.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90045 024 ***150.00

Principal Place of Business

7710 INDIAN RIDGE TRAIL SOUTH
KISSIMMEE FL 34747

Mailing Address

7710 INDIAN RIDGE TRAIL SOUTH
KISSIMMEE FL 34747

2. Principal Place of Business

5227 E. Colonial Dr.

3. Mailing Address

5227 E. Colonial Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

36-3096487

Applied For

Not Applicable

Zip

32807

Country

USA

Zip

32807

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOOVER, ERIC
504 N. DIXIE FREEWAY
SMYRNA BEACH FL 31268

7. Name and Address of New Registered Agent

Name Eric Hoover

Street Address (P.O. Box Number is Not Acceptable)

5227 E. Colonial Dr.

City Orlando

FL

Zip Code
32807

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

Eric Hoover

Eric Hoover, Manager

2/8/01

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.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE PVST ☐ Delete
NAME MYERS, PERRY
STREET ADDRESS 2076 N. ELSTON AVE., STE. 200
CITY-ST-ZIP CHICAGO IL 60614-3940

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Perry Myers, President

2/1/01

773-342-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0432975