

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F06350**

1. Entity Name

MEIERS & ASSOCIATES, INC.**FILED**
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90090 020 ***150.00

Principal Place of Business

Mailing Address

% JOHN R MEIERS. SR

% JOHN R MEIERS. SR

3281 N.W. 66TH ST.

3281 N.W. 66TH ST.

FT LAUDERDALE FL 33309-1625

FT LAUDERDALE FL 33309-1625

2. Principal Place of Business

3. Mailing Address

509 GARDENS DR #202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Pompano Beach

Same

City & State

City & State

FL

FL

Zip

Country

Zip

Country

33069

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEIERS, JOHN R., SR

3281 N.W. 66TH ST.

FT LAUDERDALE FL 33309

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.
(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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MEIERS, JOHN R., SR.	3281 N.W. 66TH ST.	FT LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VD	MEIERS, JOHN R., JR.	3251 N.W. 123RD TERR.	SUNRISE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John R Meiers Sr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-5-2001 954 974 8766
Date Daytime Phone #

CR2E034 (10/00)