

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90140 037 \*\*\*150.00

**DOCUMENT # F41794**

1. Entity Name

**MYER TAX GROUP, INC.**

Principal Place of Business

**9720 N ARMENIA AVE  
 STE H  
 TAMPA FL 33612  
 US**

Mailing Address

**9720 N ARMENIA AVE  
 STE H  
 TAMPA FL 33612  
 US**

2. Principal Place of Business

**16704 SILVER MOSS DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**16704 SILVER MOSS DRIVE**

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

City & State

**TAMPA, FL**

Zip

**33624**

Country

**USA**

Zip

**33624**

Country

**USA**

4. FEI Number

**59-3042870**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required.

6. Name and Address of Current Registered Agent

**MYER, JERRY J.  
 9720 N ARMENIA AVE  
 SUITE H  
 TAMPA FL 33612**

7. Name and Address of New Registered Agent

Name

**JERRY J. MYER**

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

**16704 SILVER MOSS DRIVE**

City

**TAMPA**

**FL**

Zip Code

**33624**

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

*Jerry J. Myer*

**JERRY J. MYER**

**4/16/02**

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, 2002 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MYER, JERRY 16704 SILVER MOSS DR. TAMPA FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Jerry J. Myer*

**JERRY J. MYER**

**4/16/02**

**813-908-8411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)