

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F88656	AMENDED 2003	
1. Entity Name MYERS CONSTRUCTION GROUP, INC.		

FILED

03 SEP 12 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900023175109
09/18/03--01063--006 **\$1.25

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business 6710 SW 80 Street		3. Mailing Address 6710 SW 80 Street	
Suite, Apt. #, etc. #102		Suite, Apt. #, etc. #102	
City & State Miami, FL		City & State Miami, FL	
Zip 33143	Country USA	Zip 33143	Country USA

4. FEI Number 59-2782993	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Christopher Myers	
Street Address (P.O. Box Number is Not Acceptable)	
14438 SW 141 Place	
City Miami	FL Zip Code 33186

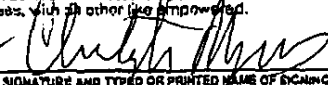
8. The above named entity submits this statement for no purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when certifying)

January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing True Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P/D, Christopher Myers 14438 S.W. 141 Place Miami, FL 33186	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S/T/D, Ralph Myers 7721 197th Street East Bradenton, FL 34202	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 	9-11-2003	305-669-4567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Phone Number

Christopher Myers

CR2E034B (12/02)