

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90203 025 ***150.00

DOCUMENT # F99000002131

1. Entity Name

MEYERS REAL ESTATE INFORMATION, INC.

Principal Place of Business

**1920 MAIN STREET, STE 200
 IRVINE CA 92614**

Mailing Address

**1920 MAIN STREET, STE 200
 IRVINE CA 92614**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-0839958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES INC
 526 E PARK AVENUE
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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. 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 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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	CEO MEYERS, JEFFREY S 1920 MAIN STREET #200 IRVINE CA 92614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNN, LORRY 1920 MAIN STREET #200 IRVINE CA 92614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BILLITER, MELISSA 1920 MAIN STREET #200 IRVINE CA 92614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, MARC 1920 MAIN STREET #200 IRVINE CA 92614	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPOUND, JACK 1920 MAIN STREET #200 IRVINE CA 92614	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVANAUGH, MICHAEL S 1920 MAIN STREET #200 IRVINE CA 92614	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input checked="" type="checkbox"/> Addition D DAVID AGNEW # 1920 MAIN ST, STE 200 IRVINE CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D KEVIN MARTIN 1920 MAIN ST, #200 IRVINE CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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:

Michael S. Cavanaugh
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-23-02

meyersgroup

Attachment
BD132675

July 17, 2002

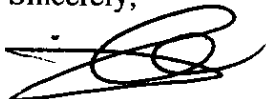
Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee FL 321314

DOC #F99000002131

To Whom It May Concern;

This letter is to notify you that we never received the first invoice for the 2002 Uniform Business Report application. Please waive the penalty fee of \$550.00. Please accept this penalty fee waiver written request, along with the completed 2002 Uniform Business Report and the filing fee of \$150.00. If you should have any questions, please feel free to contact me at 949/263-8755 ext 233. Thank you for your time.

Sincerely;



Juliet Hoang
Staff Accountant