

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2003 8:00 am**  
**Secretary of State**

09-03-2003 90021 036 \*\*\*550.00

0157866 FP

**DOCUMENT # F99000002131**

1. Entity Name

**MEYERS REAL ESTATE INFORMATION, INC.**



Principal Place of Business

**555 ANRON BLVD. SUITE 950  
COSTA MESA CA 92626**

Mailing Address

**555 ANRON BLVD. SUITE 950  
COSTA MESA CA 92626**

2. Principal Place of Business

**555 ANTON BLVD**

3. Mailing Address

**555 ANTON BLVD**

Suite, Apt. #, etc.

**950**

Suite, Apt. #, etc.

**950**

City & State

**COSTA MESA**

City & State

**COSTA MESA**

Zip

**CA**

Country

**USA**

Zip

**CA**

Country

**USA**

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

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **CEOD** ☐ Delete  
NAME **MEYERS, JEFFREY S**  
STREET ADDRESS **1920 MAIN STREET #200**  
CITY-ST-ZIP **IRVINE CA 92614**

TITLE **P** ☐ Delete  
NAME **LYNN, LORRY**  
STREET ADDRESS **1920 MAIN STREET #200**  
CITY-ST-ZIP **IRVINE CA 92614**

TITLE **ST** ☐ Delete  
NAME **BILLITER, MELISSA**  
STREET ADDRESS **1920 MAIN STREET #200**  
CITY-ST-ZIP **IRVINE CA 92614**

TITLE **D** ☒ Delete  
NAME **AGNEW, DAVID**  
STREET ADDRESS **1920 MAIN STREET #200**  
CITY-ST-ZIP **IRVINE CA 92614**

TITLE **D** ☐ Delete  
NAME **MARTIN, KEVIN**  
STREET ADDRESS **1920 MAIN STREET #200**  
CITY-ST-ZIP **IRVINE CA 92614**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☒ Change ☐ Addition  
NAME **MEYERS, JEFF**  
STREET ADDRESS **555 ANTON BLVD #950**  
CITY-ST-ZIP **COSTA MESA CA 92626**

TITLE **PRESIDENT** ☐ Change ☐ Addition  
NAME **LYNN, LORRY**  
STREET ADDRESS **555 ANTON BLVD #950**  
CITY-ST-ZIP **COSTA MESA CA 92626**

TITLE **SECRETARY** ☒ Change ☐ Addition  
NAME **BILLITER, MELISSA**  
STREET ADDRESS **555 ANTON BLVD #950**  
CITY-ST-ZIP **COSTA MESA CA 92626**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **EDDY, MIKE**  
STREET ADDRESS **555 ANTON BLVD #950**  
CITY-ST-ZIP **COSTA MESA CA 92626**

TITLE **DIRECTOR** ☒ Change ☐ Addition  
NAME **MARTIN, KEVIN**  
STREET ADDRESS **555 ANTON BLVD #950**  
CITY-ST-ZIP **COSTA MESA CA 92626**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **FINK, GABE**  
STREET ADDRESS **555 ANTON BLVD #950**  
CITY-ST-ZIP **COSTA MESA CA 92626**

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE FOR BLOCK 12**

Date

Daytime Phone #

**9/4/03 8500**

CR2E034 (4/03)