

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90193 018 ***150.00

DOCUMENT # G64859

1. Entity Name
MEARS REALTY AND INVESTMENTS, INC.

Principal Place of Business Mailing Address
~~10744 NW 8 CT~~ P O BOXZ 934069
~~SUITE 109~~ MARGATE FL 33093
~~CORAL SPRINGS FL 33071~~ US
~~US~~

2. Principal Place of Business 3. Mailing Address
12247 71 PL N Suite, Apt. #, etc.

City & State City & State
West Palm Beach FL Suite, Apt. #, etc.
 Zip Country Zip Country
33412 *Broward*

4. FEI Number **59-2346872** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MEARS, PHYLLIS
10744 NW 8 CT
SUITE 109
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent
 Name *Phyllis S. Mears*
 Street Address (P.O. Box Number is Not Acceptable)
12247 71 PL N
 City *West Palm Beach* FL Zip Code *33412*

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 *Phyllis S. Mears* DATE *4-27-01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PULS, WAYNE	
STREET ADDRESS	10744 NW 8 CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	PS	<input type="checkbox"/> Delete
NAME	MEARS, PHYLLIS S	
STREET ADDRESS	10744 NW 8 CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Phyllis S. Mears* *Phyllis S. Mears* *4-27-01* *(954) 753-7675*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

01112

CR2E034 (10/00)