

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91345 034 \*\*\*150.00

**DOCUMENT # G64859**

1. Entity Name

**MEARS REALTY AND INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

~~12247 71ST PLACE NORTH~~  
~~WEST PALM BEACH FL 33412~~  
~~US~~

~~P-O BOX 2 934083~~  
~~MARGATE FL 33002~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

**478 E. ALTAMONTE DR**

**478 E. ALTAMONTE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE 108 UNIT 202**

**STE 108 UNIT 202**

City & State

City & State

**ALTAMONTE SPRINGS**

**ALTAMONTE SPRINGS**

Zip

Country

Zip

Country

**32701**

**SEMINOLE**

**32701**

**SEMINOLE**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEARS, PHYLLIS**

**12247 71ST PLACE NORTH**

**WEST PALM BEACH FL 33412**

**478 E. ALTAMONTE DR**  
**STE 108 UNIT 202**  
**ALTAMONTE SPRINGS**  
**FL 32701**

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.

SIGNATURE

*Phyllis S. Mears*

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 \$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

TITLE ☐ Delete  
NAME **PS**  
STREET ADDRESS **MEARS, PHYLLIS S**  
CITY-ST-ZIP **10744 NW 8 CT**  
**CORAL SPRINGS FL 33071**

TITLE ☒ Change ☐ Addition  
NAME **PHYLLIS S. MEARS UNIT 202**  
STREET ADDRESS **478 E. ALTAMONTE DRIVE**  
CITY-ST-ZIP **STE 108**  
**ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-02**

Date

Daytime Phone #

**954-270-6004**

CR2E034 (9/01)