2002 Uniform Business Report (UBR)

DOCUMENT # H60079 1. Entity Name DON MEYLER CONSTRUCTION CO., INC.					Secretary of State 03-27-2002 90013 038 ***158.75			
Principal Place of Business 1859 N PINE ISLAND RD #195 PLANTATION FL 33322 US		Mailing Address 8531 NW 27 PL SUNRISE FL 33322 US						
2. Principal P B A Suite, Apt.	#, etc. # / 9 8	3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	e / / = -	City & State		4.	59-2540130	├ ─- ├	oplied For ot Applicable	
Zip 3.3			Country		Certificate of Status Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Current Re	egistered Agent	Name	7. 1	Name and Address of New Registere	d Agent		ł
MEYLER, DONALD J. 8531 NW 27 PL SUNRISE FL 33322				Street Address (P.O. Box Number is Not Acceptable)				
			City		E	Zip Cod	e	
	named entity submits this statement for t							ļ
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOV After May 1, 2 Make Check Pay			gistered Agent signature r FEE IS \$150.00 Fee will be \$550 to Department o	.00 f State	Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	00 May Be	
11.	OFFICERS AND DI		12.	AD	DDITIONS/CHANGES TO OFFICERS A			Ι <u>_</u>
TITLE = NAME STREET ADDRESS CITY ST-ZIP	CPD MEYLER, DONALD J. 8531 NW 27 PL SUNRISE FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MELKA, ROBERT 400 COTTONWOOD PLACE BOCA RATON FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	140 130c	Wavecrest Cour	**************************************	Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEYLER, JO ANN 8531 NW 27 PLACE SUNRISE FL 33322	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	* = = ;	ಸ್ಪ್ರೀ ಪ್ರಾಥಾವಾಗಿ ಪ್ರಭಾ -	· Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower on an attachment with an address, with the content of the content	ue and accurate and that my s ered to execute this report as r	ignature shall have	the same	legal effect as if made under oath; that	I am an officer	or director	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR