

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H80515

1. Entity Name

MYLER CHURCH BUILDING SYSTEMS, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90071 001 ***300.00

Principal Place of Business

Mailing Address

13190 SPRING HILL DR
H
SPRING HILL FL 34609
US

970 N ENGLEWOOD DR
CRAWFORDSVILLE IN 47933-9725

2. Principal Place of Business

3. Mailing Address

970 N. Englewood Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Crawfordsville IN

Zip
47933

Country
USA

Zip
47933

Country

4. FEI Number 65-0034257

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOGAN, THOMAS S JR.
20 S. BROAD
BROOKSVILLE FL 34601

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

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, 2000 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 PD
NAME MYLER, EARL O.
STREET ADDRESS 970 N. ENGLEWOOD DR.
CITY-ST-ZIP CRAWFORDSVILLE IN ☐ Delete

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

TITLE VP
NAME MORRIS, ED
STREET ADDRESS 853 CONNERS ST.
CITY-ST-ZIP NOBLESVILLE IN ☐ Delete

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

TITLE VP
NAME GILLIKIN, JIMMY C
STREET ADDRESS 970 N ENGLEWOOD DR
CITY-ST-ZIP CRAWFORDSVILLE IN 47933 ☐ Delete

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Earl O. Myler

Date

Daytime Phone #

1-25-00 765-362-3353

CIF E034 19/99