

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90219 001 ***150.00

DOCUMENT # H87015

1. Entity Name

MYRICK & DAVIS, P.A.

Principal Place of Business

Mailing Address

% JOHN L. MYRICK
 625 N NINTH AVE
 PENSACOLA FL 32501

% JOHN L. MYRICK
 625 N NINTH AVE
 PENSACOLA FL 32501-4954

2. Principal Place of Business

3. Mailing Address

1457 N. Ninth AVE

SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PENSACOLA FL

4. FEI Number **59-2612029**

Applied For
 Not Applicable

Zip

Country

Zip

Country

32503 USA

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

**MYRICK, JOHN L.
 625 N NINTH AVE
 PENSACOLA FL 32501**

Name

Street Address (P.O. Box Number is Not Acceptable)

1457 N. NINTH AVE.

PENSACOLA

FL

Zip Code **32503**

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	DP	<input type="checkbox"/> Delete
NAME	MYRICK, JOHN L.	
STREET ADDRESS	625 N NINTH AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAVIS, R. BROOKS	
STREET ADDRESS	625 N. NINTH AVE.	
CITY-ST-ZIP	PENSACOLA FL	
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		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRICK, JOHN L.	
STREET ADDRESS	1457 N. NINTH AVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, R. BROOKS	
STREET ADDRESS	1457 N. NINTH AVE	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00 **850-433-0084**
 Date Daytime Phone #