2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **K00174** May 17, 2000 8:00 am 1. Entity Name Secretary of State DENNIS W. MEYER, INC. 05-17-2000 90913 010 ***150.00 Principal Place of Business Mailing Address 2600 24 ST NO 2600 24 ST NO ST PETERSBURG FL 33713-4022 ST PETERSBURG DL 33713 US 2. Principal Place of Business 3. Mailing Address 4069 LAKE 4907 SR 60 E DO NOT WRITE IN THIS SPACE モ NIALE Applied For 4. FEI Number 59-2856811 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEYER, DENNIS W. -2600-24-ST NO ST PETERSBURG FL 33718 FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00. Trust Fund Contribution: Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE MEYER, DEWOIS W. 4069 LAKE KUTSA DR. MEYER, DENNIS W. NAME STREET ADDRESS 2600 24 ST NO STREET ADDRESS LAKE WALES, FL 3385 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FI Change ☐ Addition ☐ Delete TITLE MEYER, SHARI L. HOLA LAKE KOTSA NOLES, SHARI L NAME NAME STREET ADDRESS STREET ADDRESS 7267 CHANNELSIDE LANE CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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: SHARLI WEYER 4/24/00 863 652-254.

Daytime Phone #