

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

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**DOCUMENT # K78225**

1. Entity Name

**WILLIAM F. MEYER, P.A.**

Principal Place of Business

**1250 EAU GALLIE BLVD STE G  
MELBOURNE FL 32935**

Mailing Address

**1250 EAU GALLIE BLVD STE G  
MELBOURNE FL 32935**

MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2943074**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MEYER, WILLIAM F  
1250 EAU GALLIE BLVD  
STE G  
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	Delete
NAME	MEYER, WILLIAM F.	<input type="checkbox"/>
STREET ADDRESS	1250 EAU GALLIE BLVD., #G	
CITY - ST - ZIP	MELBOURNE FL 32935	

TITLE	Delete
NAME	<input type="checkbox"/>
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	Delete
NAME	<input type="checkbox"/>
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	Delete
NAME	<input type="checkbox"/>
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	Delete
NAME	<input type="checkbox"/>
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	Delete
NAME	<input type="checkbox"/>
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William F. Meyer*

**WILLIAM F. MEYER, Pres.**

**1-29-04**

**(321)  
255-2571**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #