

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90032 028 ****55.00

DOCUMENT # L00000000245

1. Entity Name
WARD & MEYERS, L.L.C.

Principal Place of Business

**3201 FLAGLER AVENUE
 STE 506
 KEY WEST FL 33040**

Mailing Address

**3201 FLAGLER AVENUE
 STE 506
 KEY WEST FL 33040**

903073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0969914**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARD, LARRY T
 62 CUTTHROAT DRIVE
 SUMMERLAND KEY FL 33042**

Name

Mary Beth Meyers

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

22993 Anne Bonny Lane

City

Cudjoe Key

FL

Zip Code

33042

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

Mary Beth Meyers

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/01

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PMGR** ☐ Delete
 NAME **MEYERS, MARY BETH**
 STREET ADDRESS **2293 ANNE BONNY LANE**
 CITY-ST-ZIP **CUDJOE KEY FL 33042**

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

TITLE **MEM** ☐ Delete
 NAME **WARD, LARRY T**
 STREET ADDRESS **62 CUTTHROAT DR.**
 CITY-ST-ZIP **CUDJOE KEY FL 33042**

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Mary Beth Meyers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/9/01 305-293-0265

Date Daytime Phone #

CR2E083 (9/01)