

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000012489

FILED
Jan 14, 2003
Secretary of State

Entity Name: MEYERFAM, LLC

Current Principal Place of Business:

8954 DORCHESTER STREET
FT MYERS, FL 33907

New Principal Place of Business:

5470 OAK RIDGE AVENUE
FORT MYERS BEACH, FL 33931

Current Mailing Address:

8954 DORCHESTER STREET
FT MYERS, FL 33907

New Mailing Address:

5470 OAK RIDGE AVENUE
FORT MYERS BEACH, FL 33931

FEI Number: 65-1048209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYER, JAMES V
8954 DORCHESTER STREET
FT MYERS, FL 33907 US

Name and Address of New Registered Agent:

MEYER, JAMES V
5470 OAK RIDGE AVENUE
FORT MYERS BEACH, FL 33931 US

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:

01/14/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MEYER, JAMES V
Address: 8954 DORCHESTER STREET
City-St-Zip: FORT MYERS, FL 33907 US

Title: MGRM () Delete
Name: MEYER, JAMES T
Address: 13 PREACHER COURT
City-St-Zip: BLUFFTON, SC 29910 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEYER, JAMES V
Address: 5470 OAK RIDGE AVENUE
City-St-Zip: FORT MYERS BEACH, FL 33931 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES V. MEYER

MGRM

01/14/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date