**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 04, 2002 8:00 am DOCUMENT # M05677 **Secretary of State** 1. Entity Name 02-04-2002 90110 014 \*\*\*150.00 MYERS, BRETTHOLTZ & COMPANY, P.A. Principal Place of Business Mailing Address 12671 WHITEHALL DRIVE 12671 WHITEHALL DRIVE FT. MYERS FL 33907-2626 FT. MYERS FL 33907-2626 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2445709 Not Applicable Zip Country Country \$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 BRETTHOLTZ, STEVEN M Street Address (P.O. Box Number is Not Acceptable) 12671 WHITEHALL DR FT. MYERS FL 33907 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) ☐ Addition TITLE ☐ Delete TITLE Change MYERS, RICHARD ALLEN NAME NAME CR2E034 STREET ADDRESS 12671 WHITEHALL DR. STREET ADDRESS FT. MYERS FL 33907 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE BRETTHOLTZ, STEVE M NAME NAME STREET ADDRESS 12671 WHITEHALL DR. STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33907 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete BILE Change | ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Daytime Phone #