

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90003 032 ***150.00

008860
 AV

DOCUMENT # M12541

1. Entity Name

DON MYERS & ASSOCIATES INC.

Principal Place of Business

**1762 BAY ST UNIT 202
 SARASOTA FL 34236
 US**

Mailing Address

**1762 BAY ST UNIT 202
 SARASOTA FL 34236
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2510109

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MYERS, DONALD F
 1762 BAY ST UNIT 202
 P.H. 3
 SARASOTA FL 34236**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **MYERS, DON**
 STREET ADDRESS **1762 BAY ST UNIT 202**
 CITY-ST-ZIP **SARASOTA FL 34236**

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

TITLE **DV** ☐ Delete
 NAME **MYERS, PATRICIA LOUISE**
 STREET ADDRESS **1808 TULIP DRIVE**
 CITY-ST-ZIP **SARASOTA FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: X Signature: F. MYERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16201 941955-2293

Date

Daytime Phone #

CR2E034 (5/01)

Attachment
Doc # M18311

A0078169

JULY 9, 2001

TO FLA DIVISION OF CORPORATION:

AS PER MY PHONE CALL TODAY FROM YOUR DEPT. HERE IS THE LETTER
STATING WE DID NOT RECEIVE THE FIRST MAILING FROM YOU TO RENEW
THE CORPORATION. AS I WAS IN THE HOSPITAL FOR THE LAST SIX MONTHS
AND PAPERS HAVE BEEN MISPLACED. PLEASE EXCEPT MY APOLOGY AND MY
CHECK TO RENEW MY CORPORATION FOR ANOTHER YEAR. THE CORPORATION
IS UNDER THE NAME OF DON MYERS & ASSOC. THE TAX #59-2510109.
PLEASE WAIVE LATE FEES.

SINCERELY,

Donald F Myers
DONALD F MYERS
PRESIDENT