

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M90501

1. Entity Name

MYRTLE CORPORATION

**FILED**  
Feb 09, 2000 8:00 am  
Secretary of State

02-09-2000 90083 044 \*\*\*150.00

Principal Place of Business

Mailing Address

1519 DR. ML KING ST. N.  
ST. PETERSBURG FL 33704  
US

1519 DR. ML KING ST. N.  
ST. PETERSBURG FL 33704  
US

B0014357



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9044 Baywood Park Dr.

3. Mailing Address

9044 Baywood Park Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, Florida

City & State

Largo, Florida

4. FEI Number

59-2900834

Applied For

Not Applicable

Zip

33777

Country

Pinellas

Zip

33777

Country

Pinellas

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

MYRTLE, JOHN F.  
1519 DR. ML KING ST. N.  
ST. PETERSBURG FL 33704

Name

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

9044 Baywood Park Drive

City

Largo, Florida

FL

Zip Code

33777

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

*John F. Myrtle*

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

(NOTE: Registered Agent signature required when reinstating)

1/31/00

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 may  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME MYRTLE, JOHN F.  
STREET ADDRESS 1519 DR. ML KING ST. N.  
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE ☒ Delete

NAME MYRTLE, JOHN P.  
STREET ADDRESS 1519 DR. ML KING ST. N.  
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE ☒ Delete

NAME MYRTLE, THERESA M.  
STREET ADDRESS 1519 DR. ML KING ST. N.  
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE ☐ Delete

NAME MYRTLE, KATHLEEN T.  
STREET ADDRESS 1519 DR. ML KING ST. N.  
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐

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TITLE ☐ Change ☐

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐

NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John F. Myrtle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Myrtle

1/31/00

Date

(727) 391-37

Daytime Phone #