

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049437

1. Entity Name  
MEYER TECHNOLOGIES, INC.

Principal Place of Business  
15 MARJORIE TRAIL  
ORMOND BEACH FL 32174

Mailing Address  
15 MARJORIE TRAIL  
ORMOND BEACH FL 32174

2. Principal Place of Business  
2990 S. ATLANTIC AVE

3. Mailing Address

Suite, Apt. #, etc.  
3RD FLOOR

Suite, Apt. #, etc.

City & State  
DAYTONA BEACH

City & State

Zip  
32118

Country  
FLORIDA

Zip

Country



DO NOT WRITE IN THIS SPACE  
59-3571869

4. FEI Number

59-3571869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED  
1000 WEST AVENUE  
NO. 1114  
MIAMI BEACH FL 33139-0000

7. Name and Address of New Registered Agent

Name  
MICHAEL J. MEYER

Street Address (P.O. Box number is Not Acceptable)  
15 MARJORIE TRAIL

City  
ORMOND BEACH

FL

Zip Code  
32174

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/01

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, 2001 Fee will be \$550.00**  
**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEYER, MICHAEL J 15 MARJORIE TRAIL ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEYER, KIMBERLY S 15 MARJORIE TRAIL ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEVIGNY, BRIAN 1025 S. BEACH ST., APT. 43 DAYTONA BEACH FL 32114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/01

DATE

DAYTIME PHONE #

(904) 527-9975

CR2034 (10/00)