

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000078450**

1. Entity Name

MEYER SEAFOOD CORPORATION**FILED**
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90093 035 ***150.00

0029494

Principal Place of Business

**124 OREGON LANE
BOCA RATON FL 33487**

Mailing Address

**124 OREGON LANE
BOCA RATON FL 33487**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

SAME AS ABOVE

DO NOT WRITE IN THIS SPACE

City & State

KEY WEST, FLA.

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1051301

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MEYER, ROBERT S
124 OREGON LANE
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

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 \$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	D	MEYER, ROBERT S	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		124 OREGON LANE	
CITY-ST-ZIP		BOCA RATON FL 33487	

TITLE	D	MEYER, ELEANOR H	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		124 OREGON LANE	
CITY-ST-ZIP		BOCA RATON FL 33487	

TITLE	D	MEYER, LAWRENCE H	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		124 OREGON LANE	
CITY-ST-ZIP		BOCA RATON FL 33487	

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eleanor Meyer (ELEANOR MEYER) SEC/T. 1/9/2001 561-241-3092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)