2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000095211 DOCUMENT

1. Entity Name



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90677 017 ***150.00

PAMELA JANE MYERS, P.A.				/ .		
Principal Place of Business 303 N. HIGHLAND ST. MT. DORA FL 32757 MT. DORA FL 32757 Mailing Address 303 N. HIGHLAND ST. MT. DORA FL 32757						
2. Principal Plac	ce of Business	3. Mailing Address	· ·	T 100111001 HIS DERIN BOING BORNE BORNE BORNE	(B101 01110 11401 111	TOT LIGHT LEGAL
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3687198		olied For Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Addi	tional
	C. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered		
6. Name and Address of Current Registered Agent			Name			
MYERS, PAMELA J		Street Address		(P.O. Box Number is Not Acceptable)		
303 N. HIGI						
MT. DORA	FL 32/5/		City	F	Zip Code	,
A The shows n	amed antity cultmite this statement for	the number of changing its	registered office or regist	tered agent, or both, in the State of Florida. 1 an	n familiar with, a	and accept
the obligation	ons of registered agent.	, , , , , , , , , , , , , , , , , , ,				
SIGNATURE _				DATE		
5	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature requi	red when tensianing)		
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00	i Stata		 Election Campaign Financing Trust Fund Contribution. 		0 May Be I to Fees
	Payable to Florida Department of OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS	3 IN 11
10.	D OTTICERO AND	☐ Delete	TITLE		☐ Change	Addition
NAME	MYERS, PAMELA J		NAME STREET ADDRESS			
	303 N. HIGHLAND ST. MT. DORA FL 32757		CITY-ST-ZIP		_	
TITLE	WIT. DOTA TE 32737	☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADORESS CITY-ST-ZIP	-		_
CITY-ST-ZIP		Delete	TITLE		☐ Change	Addition
TITLE NAME			NAME			
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP		☐ Delete	TITLE		☐ Change	Addition
TITLE NAME		L Delete	NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		Change	Addition
TITLE		☐ Delete	TITLE NAME		onengo	
NAME STREET ADDRESS			STREET ADDRESS	·		
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		. Delete	TITLE		☐ Change	☐ Addition
NAME			NAME CTREET ADDRESS			
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP	فاند الحمالية عاملة والمستعددة والمالية والمالية والمالية والمالية والمالية والمالية والمالية والمالية والمالية	h this filing does not qualify fo		n Section 119.07(3)(i), Florida Statutes. I further	certify that the	information

I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Date

Daytime Phone #