

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100278

1. Entity Name

LISA D. MYERS ENTERPRISES, INC.



FILED

03 SEP 11 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8449 SW SR 200. UNIT #133
OCALA FL 34481

Mailing Address
8449 SW SR 200. UNIT #133
OCALA FL 34481

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3678267

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, LISA D
5 PECAN DR. PASS
OCALA FL 34472

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lisa D. Myers Phillips President Lisa D Myers-Phillips 9-05-03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME MYERS, LISA D
STREET ADDRESS 5 PECAN DR. PASS
CITY-ST-ZIP Ocala FL 34472

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lisa D Myers Phillips 9-05-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Florida Department of Revenue

Power of Attorney

(1) Taxpayer Information

Taxpayer's Name(s) and Address (Please type or print.) LISA D MYERS-PHILLIPS 5 Pecan Dr. Pass Ocala, FL 34472	Social Security Number(s) 589-42-4411	FEIN 59-3678267
		Florida Tax Registration Number
	Daytime Telephone Number 352-854-6711	

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

(2) Representative(s) (Please type or print.)

Name and Address J. Randall Hammett, CPA 5353 SW College Road Ocala, FL 34474	Telephone No. 352-861-2000 Fax No. 352-861-1111
Name and Address	Telephone No. Fax No.
Name and Address	Telephone No. Fax No.

to represent the taxpayer(s) before the Department of Revenue for the following tax matters:

(3) Tax Matters

Type of Tax	Matter of Representation	Tax Periods
Uniform Business Report	Filing fee - corporation	2003

Said attorney(s)-in-fact (or either of them) shall, subject to revocation, have authority to receive or inspect confidential information and full power to perform on behalf of the taxpayer(s) the following acts with respect to the above tax matters: (Strike through any which are not granted.)

- To execute waivers of restrictions on assessment or collection of deficiencies in tax;
- To execute consents extending the statutory period for assessment or claims for refund of taxes;
- To execute closing agreements under Section 213.21 of the Florida Statutes;
- To receive, but not to endorse and collect, warrants in payment of any refund of taxes, penalties or interest;
- To delegate authority or to substitute another representative; and
- To perform other acts (be specific) To represent the client regarding said corporation

filing fee

(4) Receipt of Refund Warrants: If you want to authorize a representative named in Section 2 to receive, but not to endorse or cash, refund warrants, initial here _____ and list the name of that representative below.

Name of representative to receive refund warrants _____

(5) Notices and Communications: Notices and other written communications will be sent only to the first representative listed in Section 2.

- a) If you want such notices and communications to go to you and not your representative, check this box _____
- b) If you want such notices and communications to go to you and copies to go to your representative, check this box _____

<input type="checkbox"/>
<input checked="" type="checkbox"/>

(6) This Power of Attorney revokes all prior Powers of Attorney on file with the Florida Department of Revenue with respect to the same tax matters and tax periods listed on page 1, except the following: CS1

(7) Signature of or for taxpayer(s) _____

If signed by a corporate officer, partner, or fiduciary, I certify that I have the authority to execute this Power of Attorney on behalf of the taxpayer.

X _____
(Signature) (Title, if Applicable) (Date)

X _____
(Signature) (Title, if Applicable) (Date)

(8) If the power of attorney is granted to an attorney, certified public accountant, law student, enrolled agent, or former Department of Revenue employee, this declaration must be completed (check applicable box(es)). I declare that:

- ☐ I am a member in good standing of the bar of the highest court of the jurisdiction indicated below;
☒ I am duly qualified to practice as a certified public accountant in the jurisdiction indicated below;
☐ I am a law student who is certified pursuant to Article XVIII of the Integration Rule of the Florida Bar;
☐ I am an enrolled agent who is qualified to represent clients before the Internal Revenue Service as authorized in Treasury Department Circular No. 230;
☐ I am a former Department of Revenue employee. As a tax representative, I cannot accept representation in a manner upon the merits of which I had substantial responsibility while I was a public employee under Rule 28-5.1056 (2) (d) 4., F.A.C.;

Designation (Attorney, C.P.A., Law Student or Enrolled Agent)	Jurisdiction (State, etc.) or Enrollment Card Number	Signature	Date
C.P.A.	Florida	J.R. Hammett	09-04-03

(9) If the power of attorney is granted to a person other than an attorney, certified public accountant, law student, or enrolled agent, it must be signed by the individual, witnessed and notarized.

I declare that:

I am qualified to appear in agency proceedings to represent the rights and interests of the taxpayer with respect to the tax matters enumerated in this agreement. My qualifications are as set out below:

PRESIDENT AND OWNER

X Lisa H. Phillips (Signature) Sept 4, 03 (Date)

(10) The person(s) signing as or for the taxpayer(s): (Check and complete both.)

☐ is/are known to, and signed in the presence of, the two disinterested witnesses, whose signatures appear here:

X Leta F. Jackson (Signature of Witness) 09-04-03 (Date)

X [Signature] (Signature of Witness) 09-04-03 (Date)

☒ appeared this 4th day of September 2003 before a notary public and acknowledged this power of attorney as his/her/their voluntary act and deed.

Katherine R. Brooker
(Signature of Notary Public)

Katherine R. Brooker
My Commission DD088803
Expires February 03, 2008

Personally known _____

or Produced Identification _____

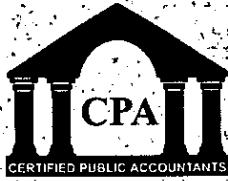
Type of Identification Produced _____

LL1

(Print, Type or Stamp Name of Notary)

Form DR-835 (Rev. 1-97)

Attachment



Bomar, Hammett & Odom, CPA's, P.A.
Certified Public Accountants & Associates

5353 SW College Road, Ocala, FL 34474
Ph: (352) 861-1010; Fax: (352) 861-1111
Email: hammett@mfi.net

8480 W. Homosassa Trail, Homosassa Springs, FL 34447
Ph: (352) 628-6443 Fax: (352) 628-0460
www.hammettfinancialgroup.com

September 4, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

REF: Lisa D. Myers Enterprises, Inc.
Document # P00000100278

Dear Representative

Enclosed please find an executed Power of Attorney from Lisa Myers-Phillips and a check for the filing fee of \$150.00 and form (UBR) for 2003

My client, Ms Myers-Phillips, never received the Uniform Business Report form request. Please look at her past record, you will see that this is the first time she has not submitted the fee on a timely bases. We have had several clients not receive the form in the past and you have waived the penalty.

We request you waive the penalty fee of \$500.00 and accept the \$150.00 as submitted. If for some reason she doesn't receive the form again next year, she will have the date recorded and mail the monies in without the form.

Thank you in advance for your consideration of this very important matter.

Sincerely,

J. Randall Hammett, CPA

Enclosures: Check #3234
Power of Attorney
(UBR) Report Form

A Diversified Financial Services Company Providing:

• Portfolio Management & Research • Investments • Securities • Financial Planning • Business Opportunities • Accounting & Business Consulting
• Individual, Corporate & Estate Taxes • Wealth Creation & Retention Services • Insurance • Mortgages & Business Loans • Equity Capital
Business Valuations • Medicaid Eligibility Services • Trust & Trustee Services • Asset Investigation & Litigation