

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90201 047 ***158.75

DOCUMENT # P01000014789

1. Entity Name

MYERS INVESTMENTS OF AMERICA, INC.



Principal Place of Business

320 CORPORATE WAY
SUITE 200
ORANGE PARK FL 32073

Mailing Address

320 CORPORATE WAY
SUITE 200
ORANGE PARK FL 32073

2. Principal Place of Business

3. Mailing Address

1845 Town Center Blvd

1845 Town Center Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 105

Suite 105

City & State

Orange Park, FL

City & State

Orange Park FL

Zip

32003

Country

USA

Zip

32003

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3703347

Applied For

Not Applicable

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

YONG, FRANK J

701 FISK STREET

SUITE 110

JACKSONVILLE FL 32204

Name

Leah Burnette

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

1845 Town Center Blvd

Suite 105

City

Orange Park

FL

Zip Code

32003

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

Leah Burnette

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	P	<input type="checkbox"/> Delete
NAME	MYERS, JUNE R	
STREET ADDRESS	320 CORPORATE WAY STE 200	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	V	<input type="checkbox"/> Delete
NAME	MYERS III, JOHN C	
STREET ADDRESS	320 CORPORATE WAY STE 200	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	S	<input type="checkbox"/> Delete
NAME	YONG, FRANK	
STREET ADDRESS	320 CORPORATE WAY STE 200	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	T	<input type="checkbox"/> Delete
NAME	BURNETTE, LEAH	
STREET ADDRESS	320 CORPORATE WAY STE 200	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1845 Town Center Blvd Suite 105
STREET ADDRESS	Orange Park FL 32003
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1845 Town Center Blvd Suite 105
STREET ADDRESS	Orange Park, FL 32003
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YONG, FRANK
STREET ADDRESS	1845 Town Center Blvd Suite 105
CITY-ST-ZIP	Orange Park, FL 32003
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1845 Town Center Blvd Suite 105
STREET ADDRESS	Orange Park FL 32003
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
NAME	
STREET ADDRESS	
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:

Leah Burnette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

1-8-03

Date

904-269-5857

Daytime Phone # 407

CR2E034 (10/02)