

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90114 009 ***150.00

DOCUMENT # P01000026359

1. Entity Name
SIRMEYER, INC.



Principal Place of Business
6909 BARNWELO DRIVE
POINTE BEACH FL 33437
US

Mailing Address
6909 BARNWELO DRIVE
POINTE BEACH-FL-33437
US



2. Principal Place of Business
6909 Barnwell Drive
Suite, Apt. #, etc.

3. Mailing Address
6909 Barnwell Drive
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Boynton Beach, FL
Zip
33437

City & State
Boynton Beach, FL
Zip
33437

4. FEI Number
65-1085735

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE PSD	<input type="checkbox"/> Delete
NAME SIRMEYER, TIMOTHY R	
STREET ADDRESS 9796 KAMENA CIRCLE	
CITY-ST-ZIP BOYNTON BEACH FL 33436	
TITLE VTD	<input type="checkbox"/> Delete
NAME SIRMEYER, JOY G	
STREET ADDRESS 9796 KAMENA CIRCLE	
CITY-ST-ZIP BOYNTON BEACH FL 33436	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Sirmeyer, Timothy R	
STREET ADDRESS 6909 Barnwell Drive	
CITY-ST-ZIP Boynton Beach, FL 33437	
TITLE VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Sirmeyer, Joy G	
STREET ADDRESS 6909 Barnwell Drive	
CITY-ST-ZIP Boynton Beach, FL 33437	
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
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: **SIRMEYER, TIMOTHY R** **REQUIRED** **by G. Sirmeyer 2/6/03 361-375-7961**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)