

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000103330

1. Entity Name

Law Offices of Christopher C. Meyer, P.A.

Principal Place of Business

Mailing Address

415 Eaton St.
Key West, FL 33040

P.O. Box 1394
Key West, FL 33041

2. Principal Place of Business

3. Mailing Address

415 Eaton St.
Suite, Apt. #, etc.

P.O. Box 1394
Suite, Apt. #, etc.

City & State

City & State

Key West, FL
Zip 33040 Country

Key West, FL
Zip 33041 Country

4. FEI Number

80-0016104

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Christopher C. Meyer
356 Blackbeard Rd.
Little Torch Key, FL 33042

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 file if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so. ☒
(See criteria on back)

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	☐ Delete
NAME	Christopher C. Meyer	
STREET ADDRESS	356 Blackbeard Rd.	
CITY-ST-ZIP	Little Torch Key, FL 33042	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

president is only officer
here are no directors

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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)(f), 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 fee empowered.

SIGNATURE

Christopher C. Meyer sole shareholder 4-2-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

205-242-4007

FILED
May 28, 2002 8:00 am
Secretary of State

04-11-2002 90704 012 ***158.75

CR2E034 (1/00)