

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91847 027 ***150.00

DOCUMENT # **PG2000040355**

1. Entity Name

Myers Pressure Cleaning, Inc



90129422

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15 Wright Pkwy

Suite, Apt. #, etc.

3. Mailing Address

15 Wright Pkwy

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Walton Bch, FL

City & State

Ft. Walton Bch, FL

4. FEI Number

01-0727097

Applied For

Not Applicable

Zip

32548

Country

Zip

32548

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Sheryl Myers

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

15 Wright Pkwy

City

Ft. Walton Bch

State

FL

Zip Code

32548

**DO NOT WRITE
IN THIS SPACE**

I, 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

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

(NOTE: Registered Agent signature required when registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D Justin Myers
15 Wright Pkwy
 Ft. Walton Bch, FL 32548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Sheryl Myers
15 Wright Parkway
 Ft. Walton Bch, FL 32548

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sheryl A. Myers Sheryl Myers

05-01-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #