FILED

Apr 30, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000058782 **DOCUMENT#**

1. Entity Name MEYER CUSTOM WOODWORK, INC.						04-30-2003 90050 006 ***150.00	
Principal Place of Business 19720 SW 79 CT MIAMI FL 33189		Mailing Address 19720 SW 79 CT MIAMI FL 33189					
2. Principal Place of Business		3. Mailing Address			—-		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES	
City & State		City & State				4. FEI Number Applied For 33 - 102 55/0 Not Applicable	
Zip	Country	Zip Coul		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		
				Name			
MEYER, CHARLES H 🚕 🖠			Street Address		dress (P.C	O. Box Number is Not Acceptable)	
19720 SW 79 CT							
MIAMI FL 33189				ļ			
			City	City FL Zip Code			
8. The above named the obligations of r		the purpose	of changing its reg	gistered office or re	egistered	d agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	typed or printed name of registered agent an	d title if applicable	e. · (NOTE; Re	egistered Agent signature	required wh	nen 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 \$5.00 May Be Trust Fund Contribution. Added to Fees	
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D			☐ Delete	TITLE		☐ Change ☐ Addition	
	, CHARLES H			NAME			
STREET ADDRESS 19720 S	SW 79 CT FL 33189			STREET ADDRESS CITY-ST-ZIP			
	1 20 109					Γ [¬] Λ λ Γ [¬] λ.J. Βυ	
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CITY-ST-ZIP				CITY-ST-ZIP			
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NAME				NAME			

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NAME

TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

☐ Delete

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Addition

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