

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90080 045 ***150.00

DOCUMENT # P02000064256

1. Entity Name
MYERS ENTERPRISES I OF FLORIDA, INC.



Principal Place of Business
18348 SE HERITAGE OAKS DR
TELQUESTA FL 33469

Mailing Address
18300 S.E. LOXAHATCHEE RIVER RD.
JUPITER FL 33458-1027



2. Principal Place of Business

3. Mailing Address

18300 S.E. Loxahatchee River Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jupiter, FL

4. FEI Number

04-3681407

Applied For

Not Applicable

Zip

Country

Zip

Country

33458

U.S.

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

DREYER, DAVID E
625 N FLAGLER DR
STE 700
WEST PALM BEACH FL 33401

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MYERS, BEN D
18348 SE HERITAGE OAKS DR
TEQUESTA FL 33469

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P, S, T, D
Myers, Ben D
18300 SE Loxahatchee River Rd
Jupiter, FL 33458

☒ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

BEN D MYERS
Director

Date

Daytime Phone #

1/7/03

561-743-3637

CR2E034 (10/02)