

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90203 009 ***150.00

DOCUMENT # P02000071923

1. Entity Name
MYERS FULL-SCALE SERVICES, INC.



Principal Place of Business
14604 S.E. 11TH SRIVE
MICANOPY FL 32667

Mailing Address
14604 S.E. 11TH SRIVE
MICANOPY FL 32667



2. Principal Place of Business

3. Mailing Address

12108 S. US Hwy 441

14604 SE 11 Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Micronopy, FL

City & State
Micronopy, FL

4. FEI Number

11-3645631

Applied For

Not Applicable

Zip
32667

Country
USA

Zip
32667

Country
USA

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

MYERS, RONALD E
14604 S.E. 11TH DRIVE
MICANOPY FL 32667

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
D MYERS, RONALD E
STREET ADDRESS
14604 S.E. 11TH SRIVE
CITY-ST-ZIP
MICANOPY FL 32667

☐ Delete

TITLE
NAME
P/D
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
S/T Orianna J. Snook
STREET ADDRESS
14604 SE 11 Drive
CITY-ST-ZIP
Micronopy, FL 32667

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ 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:

Ronald E. Myers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03
Date

352-406-3737
Daytime Phone #

CR2E034 (10/02)