

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90145 011 ***150.00

DOCUMENT # P02000099804

1. Entity Name
MEYCOR, INC.



Principal Place of Business
**1231 S. TRADEWIND DRIVE
GILBERT AZ 85234**

Mailing Address
**1231 S. TRADEWIND DRIVE
GILBERT AZ 85234**



2. Principal Place of Business
**7790 BARDMOOR HILL
Suite, Apt. #, etc. CIRCLE**

3. Mailing Address
**7790 BARDMOOR HILL CIRCLE
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO FLORIDA

City & State
ORLANDO, FLORIDA

4. FEI Number
42-1551940

Applied For
☐ Not Applicable

Zip Country
32835 ORANGE

Zip Country
32835 ORANGE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, PAUL D
802 EAST 26TH STREET
LYNN HAVEN FL 32444**

7. Name and Address of New Registered Agent

Name
MEYER, RUSSELL W.
Street Address (P.O. Box Number is Not Acceptable)
7790 BARDMOOR HILL CIRCLE
City
ORLANDO FL Zip Code
32835

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 **RUSSELL W. MEYER, PRESIDENT** **3-27-03**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MEYER, RUSSELL W 1231 S. TRADEWIND DRIVE GILBERT AZ 85234 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MEYER, ANITA L 1231 S. TRADEWIND DRIVE GILBERT AZ 85234 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MEYER, RUSSELL W. 7790 BARDMOOR HILL CIRCLE ORLANDO, FL 32835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MEYER, ANITA L. 7790 BARDMOOR HILL CIRCLE ORLANDO, FL 32835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED MEYER, PRESIDENT 3-27-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)