• Make check payable to Florida Department of State

IMPORTANT INSTRUCTIONS

FILED
Feb 14, 2007 08:00 AM
Secretary of State

Principal Place of Business
6100 62ND AVE. N. LOT #6
PINELLAS PARK FL 33781

Mailing Address
6100 62ND AVE. N. LOT #6
PINELLAS PARK FL 33781

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt #, GLEN MYERS PLUMBING INC.
6100 62ND AVE. N. LOT#6
City & State PINELLAS PARK, FLA. 33781
Zip
Country

3. Mailing Address
Suite, Apt #, Etc. GLEN MYERS PLUMBING INC.
6100 62ND AVE. N. LOT#6
City & State PINELLAS PARK, FLA. 33781
Zip
Country

4. FEI Number 04-3779653 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

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, 2007 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	PSTD MYERS, GLEN 2975 GULF TO BAY BLVD UNIT 507 CLEARWATER FL 33759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U00000635080 02/22/07-00037-011 150.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Glen W. Myers - GLEN W. MYERS (PRESIDENT) 2-8-07 (727) 443-6318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #