

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90314 045 \*\*\*158.75

0669871 AB

**DOCUMENT # P22683**

1. Entity Name  
**MYAL PARTNERSHIP MANAGEMENT SERVICES, INC.**



Principal Place of Business  
**818 W. BROOKS AVE.  
NORTH LAS VEGAS NV 89030**

Mailing Address  
**818 W. BROOKS AVE.  
NORTH LAS VEGAS NV 89030**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-3700598**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAYHOOD, LYNN  
9951 ATLANTIC BOULEVARD, SUITE 440  
JACKSONVILLE FL 32225**

Name: **Green Dotson**

Street Address (P.O. Box Number is Not Acceptable)

**3700 Lowry Court**

City

**Tampa**

**FL**

Zip Code

**33610**

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 *GREEN DOTSON*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-25-2003*

**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 **PTD** ☐ Delete  
NAME **BIRD, ALLAN S**  
STREET ADDRESS **818 W. BROOKS AVE.**  
CITY-ST-ZIP **NORTH LAS VEGAS NV 89030**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VPS** ☐ Delete  
NAME **LENER, DAVID**  
STREET ADDRESS **818 WES BROKS AVE**  
CITY-ST-ZIP **NORTH LAS VEGAS NV 89030**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DV** ☐ Delete  
NAME **BIRD, JOSHUA D**  
STREET ADDRESS **818 W. BROOKS AVE.**  
CITY-ST-ZIP **NORTH LAS VEGAS NV 89030**

TITLE ☐ Change ☒ Addition  
NAME ☐ Change ☒ Addition  
STREET ADDRESS ☐ Change ☒ Addition  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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 use empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(702) 313-3700**  
Daytime Phone #

CR2E034 (10/02)

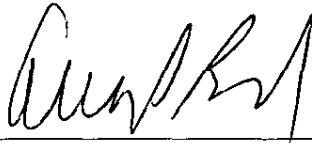
Attachment  
Doc # P22693

90108806

**Signature Block:**

**MYAL Partnership Management Services, Inc.,**  
a California corporation

By:



Allan S. Bird, President