

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 04-22-2000 90041 027 \*\*\*150.00

00 OCT 16 PM 6:25



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000004556

1. Entity Name  
**MYERS INVESTIGATIVE CONSULTANTS, INC.**

Principal Place of Business	Mailing Address
8751 W BROWARD BLVD STE 109 FT LAUDERDALE FL 33324 US	8751 W BROWARD BLVD STE 109 FT LAUDERDALE FL 33330-3206 US

2. Principal Place of Business	3. Mailing Address
5722 S Flamingo Rd Suite, Apt. #, etc. #237 City & State Cooper City, FL Zip 33330 Country USA	5722 S. Flamingo Rd Suite, Apt. #, etc. #237 City & State Cooper City, FL Zip 33330 Country USA

4. FEI Number **65-0395319** Applied For  Not Applicable

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

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent	Name
MYERS, THOMAS C 8751 W BROWARD BLVD STE 206 PLANTATION FL 33324	VARAH SIEDLECKI
	Street Address (P.O. Box Number is Not Acceptable) 5722 S. Flamingo Rd #237
	City <b>Cooper City</b> FL Zip Code <b>33330</b>

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.

SIGNATURE Registered Agent DATE **4/17/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00** After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Varah Siedlecki, Dir, Pres 5722 S. Flamingo Rd. #237 Cooper City, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **4/17/00** (954) DAYTIME PHONE # **452-0012**