

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90017 022 ***158.75

DOCUMENT # P93000013624

1. Entity Name
MEYERS CONSTRUCTION AND REAL ESTATE INC.

Principal Place of Business 715 E. HILLSBORO BOULEVARD SECOND FLOOR DEERFIELD BEACH FL 33441 US	Mailing Address 715 E. HILLSBORO BOULEVARD SECOND FLOOR DEERFIELD BEACH FL 33441 US
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2. Principal Place of Business See above	3. Mailing Address see above
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 65-0393863	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MEYERS, RUSSELL
2061 NW BOCA RATON BLVD
SUITE 206
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name
MEYERS, RUSSELL

Street Address (P.O. Box Number is Not Acceptable)
715 EAST HILLSBORO BOULEVARD
SECOND FLOOR

City
DEERFIELD BEACH FL Zip Code
33441

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 **Russell Meyers** *[Signature]* DATE **1/4/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS MEYERS, RUSSELL 2061 NW BOCA RATON BLVD SUITE 206 BOCA RATON FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 12 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **1/4/00** DAYTIME PHONE #: **954-725-8644**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)