

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000032083

1. Entity Name

MYRIAD, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90060 002 ***150.00

Principal Place of Business

Mailing Address

600 THACKER AVE
A-17
KISSIMMEE FL 34741

600 THACKER AVE
A-17
KISSIMMEE FL 34741-4885

2. Principal Place of Business

600 N. THACKER

3. Mailing Address

600 N. THACKER

Suite, Apt. #, etc.

A-17

Suite, Apt. #, etc.

A-17

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

4. FEI Number

59-3183382

Applied For

Not Applicable

Zip

34741-4885

Country

Zip

34741-4885

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAGNER, RONALD D
14582 POTANOW TRAIL
ORLANDO FL 32837

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 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

TITLE P
NAME WAGNER, RONALD ☒ Delete
STREET ADDRESS 600 THACKER A-17
CITY-ST-ZIP KISSIMMEE FL

TITLE VP
NAME WAGNER, SANDY ☐ Delete
STREET ADDRESS 600 THACKER A-17
CITY-ST-ZIP KISSIMMEE FL

TITLE S
NAME WAGNER, SANDY ☐ Delete
STREET ADDRESS 600 THACKER A-17
CITY-ST-ZIP KISSIMMEE FL

TITLE T
NAME WAGNER, RONALD ☒ Delete
STREET ADDRESS 600 THACKER A-17
CITY-ST-ZIP KISSIMMEE FL

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME SANDY WAGNER
STREET ADDRESS 600 N. THACKER A-17
CITY-ST-ZIP KISSIMMEE, FL

TITLE SAME ☒ Change ☐ Addition
NAME SOME
STREET ADDRESS 600 N. THACKER A-17
CITY-ST-ZIP SOME

TITLE SAME ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS 600 N. THACKER A-17
CITY-ST-ZIP SAME

TITLE T ☒ Change ☐ Addition
NAME SANDY WAGNER
STREET ADDRESS 600 N. THACKER A-17
CITY-ST-ZIP KISSIMMEE, FL 34741

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

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

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 an address, with all other like empowered.

SIGNATURE:

Ronald Wagner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)