

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000043968

1. Entity Name

SOUTHERN TRUSS OF FT. MYERS, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90116 031 ***150.00

Principal Place of Business

95 SIXTH STREET
FT. MYERS FL 33907

Mailing Address

401 NORTHLAKE BLVD
2ND FLOOR
NORTH PALM BEACH FL 33408
US

2. Principal Place of Business

3. Mailing Address

4922 DYER BLVD

Suite, Apt. #, etc.

City & State
West Palm Beach FL

Zip
33407

Country
USA

C0048220



DO NOT WRITE IN THIS SPACE

City & State

4. FEI Number 65-0411959

Applied For

Not Applicable

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required -

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BYERS, JOHN C
401 NORTHLAKE BLVD
NORTH PALM BEACH FL 33408

Name

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

4922 DYER BLVD

City

West Palm Beach FL

Zip Code

33407

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BYERS, JOHN C
401 NORTHLAKE BLVD
NORTH PALM BEACH FL 33408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4922 DYER BLVD
West Palm Beach, FL 33407 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John C. Byers 04-12-01 561-048646

CR2E034 (10/00)