

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008667

1. Entity Name

PROFESSIONAL HOME WATCHERS OF S/W FL., INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90098 047 ***150.00

Principal Place of Business 13120 RADCLIFFE DRIVE SUITE 102 FT MYERS FL 33912 US	Mailing Address P O BOX 61238 BOX 402 FT MYERS FL 33906-1238 US
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2. Principal Place of Business 13120 Radcliffe Drive Suite, Apt. #, etc.	3. Mailing Address P. O. Box 61238 Suite, Apt. #, etc.
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City & State Fort Myers, FL	City & State Fort Myers, FL	4. FEI Number 65-0574084	Applied For Not Applicable
Zip 33912	Country U.S.A.	Zip 33906	Country U.S.A.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MEYERS, CHARLES
13120 RADCLIFFE DRIVE
FT MYERS FL 33912

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 NAME STREET ADDRESS CITY-ST-ZIP	P MEYERS, CHARLES 13120 RADCLIFFE DR FT MYERS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEYERS, DAVID J 13120 RADCLIFFE DR FT MYERS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MEYERS, GRACE A 13120 RADCLIFFE DR FT MYERS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEYERS, MARIANNE 13120 RADCLIFFE DR FT MYERS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 an address, with all other like empowered.

941-561-0073

SIGNATURE:

Charles Meyers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES MEYERS JAN. 21, 2000

Date

Daytime Phone #