

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008667

1. Entity Name

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

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90295 043 \*\*\*150.00

Principal Place of Business

13120 RADCLIFFE DRIVE  
FT MYERS FL 33912  
US

Mailing Address

P O BOX 61238  
FT MYERS FL 33906  
US

646124



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11059 Lakeland Circle

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

4. FEI Number

65-0574084

Applied For

Not Applicable

Zip

33913

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

same

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

11059 Lakeland Circle

City

Fort Myers,

Zip Code

33913

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	same same 11059 Lakeland Circle Ft. Myers, FL 33913	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	same same 11059 Lakeland Circle Ft. Myers, FL 33913	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	same same 11059 Lakeland Circle Ft. Myers, FL 33913	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-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.

SIGNATURE: *Charles Meyers*

CHARLES MEYERS, APRIL 23, 2001 941-561-0075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)