

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

0051921

DOCUMENT # P94000041127

1. Entity Name:

MYERS FINANCIAL & RETIREMENT PLANNING INC.

05-25-2001 90288 045 ***150.00

Principal Place of Business

Mailing Address

**428 LAKE PARK TRAIL
 SUITE 201
 OVIEDO FL 32765
 US**

**428 LAKE PARK TRAIL
 SUITE 201
 OVIEDO FL 32765
 US**

553956



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4185 E. MADURA Rd.

4185 E. MADURA Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULF BREEZE, FL

City & State

GULF BREEZE, FL

4. FEI Number

59-3252585

Applied For

Not Applicable

Zip

32561

Country

SANTA ROSA

Zip

32561

Country

SANTA ROSA

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

**MYERS, WILLIAM S JR
 428 LAKE PARK TRAIL
 SUITE 201
 OVIEDO FL 32765**

Name

Wm S MYERS JR

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

4185 E. MADURA Rd

City

GULF BREEZE

FL

Zip Code

32561

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

Wm S MYERS JR

4-28-01

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

(NOT) Registered Agent's 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	D	<input checked="" type="checkbox"/> Delete
NAME	MYERS, WILLIAM S JR	
STREET ADDRESS	428 LAKE PARK TRAIL SUITE 201	
CITY-ST-ZIP	OVIEDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, WILLIAM S JR	
STREET ADDRESS	4185 E. MADURA Rd	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 empowerer

any signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

Wm S MYERS JR - PRES

4-28-01

850 916 7553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)