

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000086650

1. Entity Name

MEYERS ELECTRIC, PLUMBING & AIR, INC.

Principal Place of Business

Mailing Address

~~XXXXXXXXXX~~  
OCCLAHAWA FL 32179  
~~XXXXXXXXXX~~

107 NE 1ST AVE.  
OCALA FL 34470-6655

2. Principal Place of Business

5982 SE 68TH ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

Zip

34472

Country

USA

Zip

Country

4. FEI Number

59-3285423

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MEYERS, SANDRA L

~~17010 SE 59 PL~~ 5982 SE 68TH ST  
~~OCCLAHAWA FL 32179~~ Ocala FL 34472

7. Name and Address of New Registered Agent

Name

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

5982 SE 68TH ST

City

OCALA

FL

Zip Code  
34472

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, MICHAEL 17010 SE 59 PL OCCLAHAWA FL 32179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEYERS, SANDRA L 17010 SE 59 PL OCCLAHAWA FL 32179	<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
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"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

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:

*Sandra L. Meyers*

Sandra L. Meyers

(352) 245-848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90104 031 \*\*\*158.75

B0007170



DO NOT WRITE IN THIS SPACE