

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90409 034 ***150.00

C0068950

DO NOT WRITE IN THIS SPACE

DOCUMENT # <u>P45000026154</u> 1. Entity Name <u>The Myers Organization, Inc</u>			
Principal Place of Business <u>10151 University Blvd.</u> <u>Suite 216</u> <u>Orlando, FL 32817</u>		Mailing Address <u>(Same)</u>	
2. Principal Place of Business <u>10151 University Blvd.</u> Suite, Apt. #, etc. <u>Suite 216</u> City & State <u>Orlando, FL</u> Zip <u>32817</u>		3. Mailing Address <u>10151 University Blvd.</u> Suite, Apt. #, etc. <u>Suite 216</u> City & State <u>Orlando, FL</u> Zip <u>32817</u>	
Country <u>USA</u>		Country <u>USA</u>	
4. FEI Number <u>59-3301810</u>		Applied For ☐	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <u>Brian D. Myers</u> <u>10151 University Blvd.</u> <u>Suite 216</u> <u>Orlando, FL 32817</u>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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 _____ (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. ☐		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	<u>Director</u> <u>Brian D. Myers</u> <u>10151 University Blvd, Suite 216</u> <u>Orlando, FL 32817</u>	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Albert J. Myers</u> <u>R.D. #2, Box 732</u> <u>Ruffs Dale, PA 15679</u>	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ 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: <u>Brian D. Myers</u> <u>4/26/01</u> <u>407-677-1243</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (11/00)