## **FILED** 2001 UNIFORM BUSINESS REPORT (UBR) Jan 10, 2001 8:00 am Secretary of State DOCUMENT # P95000034624 MYRTLE PROPERTIES INC. 01-10-2001 90001 006 \*\*\*150.00 Mailing Address Principal Place of Business 1610 N MYRTLE AVE 1610 N MYRTLE AVE CLEARWATER FL 33755 CLEARWATER FL 33755 00001204 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 59-3314264 City & State City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KUGLER, TODD Street Address (P.O. Box Number is Not Acceptable) 1610 N MYRETLE AVE **CLEARWATER FL 34625** Zip Code rpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement 3 SIGNATURE agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. CR2E034 (10/00) ☐ Addition PD ☐ Change ☐ Delete TITLE TITLE KUGLER, JUDITH NAME NAME 1610 N MYRTLE AVE STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33755** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Oelete TITLE TITLE KUGLER, BRAD NAME NAME 1610 N MYRTLE AVE STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33755** CITY-ST-ZIP CITY-ST-ZIP VD Change T Addition TITLE Delete TITLE KUGLER, RYAN NAME NAME STREET ADDRESS 1610 N MYRTLE AVE STREET ADDRESS **CLEARWATER FL 33755** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE KUGLER, TODD NAME NAME 1610 N MYRTLE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33755** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 sport of required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like ex-

SIGNATURE: