

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90278 023 \*\*\*158.75

**DOCUMENT # P95000048595**

1. Entity Name

**MYERS INVESTMENTS OF JACKSONVILLE, INC.**



Principal Place of Business

**320 CORPORATE WAY  
SUITE 200  
ORANGE PARK FL 32073  
US**

Mailing Address

**320 CORPORATE WAY  
SUITE 200  
ORANGE PARK FL 32073  
US**

2. Principal Place of Business

**1845 Town Center Blvd  
Suite 105**

3. Mailing Address

**1845 Town Center Blvd  
Suite 105**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Orange Park, FL**

City & State

**Orange Park FL**

Zip

**32003**

Country

Zip

**32003**

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3326023**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BURNETTE, LEAH  
320 CORPORATE WAY  
SUITE 200  
ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent

Name

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

**1845 Town Center Boulevard  
Suite 105**

City

**Orange Park**

FL

Zip Code

**32003**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MYERS, JUNE R 320 CORPORATE WAY, STE. 200 ORANGE PARK FL 32073</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MYERS, JOHN C III 320 CORPORATE WAY, STE. 200 ORANGE PARK F 32073</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST BURNETTE, LEAH 320 CORPORATE WAY, STE. 200 ORANGE PARK FL 32073</b>	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1845 Town Center Blvd Suite 105 Orange Park, FL 32003</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1845 Town Center Blvd Suite 105 Orange Park FL 32003</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1845 Town Center Blvd Orange Park, FL 32003</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**LEAH BURNETTE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-8-03**

**904-269-587x407**

Date

Daytime Phone #

CR2E034 (10/02)