FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 11, 2002 8:00 am Secretary of State DOCUMENT # P95000067488 1. Entity Name 02-11-2002 90175 032 \*\*\*150 00 MEYERS AUTO WHOLESALE, INC. Principal Place of Business Mailing Address 2913 E 15TH ST 2913 E 15TH ST PANAMA CITY FL 32405 PANAMA CITY FL 32405 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3333319 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 MEYERS, DAVID P Street Address (P.O. Box Number is Not Acceptable) 2913 E 15TH ST PANAMA CITY FL 32405 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 OMO SIGNATURE (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01 TITLE **PSTD** ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME MEYERS, DAVID P STREET ADDRESS 2913 E 15TH ST STREET ADDRESS CITY-ST-7IP CITY - ST-7IP PANAMA CITY FL 32405 Change ☐ Addition TITLE Delete TITLE NAME NAME MEYERS, JANET D STREET ADDRESS STREET ADORESS 2913 E 15TH ST CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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: