

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91625 029 ***150.00

DOCUMENT # P95000096701

1. Entity Name

MYRA PAXTON & ASSOCIATES, INC.

Principal Place of Business

**1020 SOUTH MAIN STREET
 WILDWOOD FL 34785**

Mailing Address

**1020 SOUTH MAIN STREET
 WILDWOOD FL 34785**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3352060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAXTON, MYRA
 2832 EAST COUNTY ROAD 466
 OXFORD FL 34484**

Name

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

City

FL

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

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, 2002 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	PS PAXTON, MYRA 1020 SOUTH MAIN STREET WILDWOOD FL 34785	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-2002

Date

352-748-3636

Daytime Phone #

CR2E034 (9/01)

Attachment

995000096701

436031



Myra Paxton Associates

1020 S. Main Street
Wildwood, FL 34785
Bus. (352) 748-3636
Fax (352) 748-3637

May 8, 2002

To Whom It May Concern!

I have not filed my 2002 Corp. papers as I lost my father in Jan.
~~and my mother had a heart attack in April. I apologize for this. I~~
hope you understand that I have not been in my office as I had to care
for my parents. Thank you for your understanding.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Myra Paxton'.

Myra Paxton