

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001196

1. Entity Name

METHENY & CO., P.A.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90266 019 ***150.00

Principal Place of Business

2138 MCGREGOR BLVD.
FORT MYERS FL 33901
US

Mailing Address

P.O. Box 1631
2138 MCGREGOR BLVD.
FORT MYERS FL 33901-0418 33902
US

2. Principal Place of Business

1470 Royal Palm Square
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1631
Suite, Apt. #, etc.

City & State

Fort Myers FL

City & State

Fort Myers Florida

Zip

33907

Country

U.S.A.

Zip

33907

Country

U.S.A.

4. FEI Number

65-0632497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

METHENY, MARVIN L C.P.A.
2138 MCGREGOR BLVD.
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name

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

~~P.O. Box~~ 1470 Royal Palm Square Blvd.

City

Fort Myers

FL

Zip Code

33907

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	METHENY, MARVIN L C.P.A.	
STREET ADDRESS	2138 MCGREGOR BLVD.	
CITY-ST-ZIP	FORT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Metheny Marvin L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 1631	
STREET ADDRESS	Fort Myers FL	
CITY-ST-ZIP	33902	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Metheny Marvin L.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/31/00

Daytime Phone #

CR2E034 (9/99)