

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008279

1. Entity Name

MAYER'S PROPERTY MANAGEMENT, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90032 023 ***150.00

Principal Place of Business

2219 JOEL BLVD
B
ALVA FL 33920
US

Mailing Address

1505 S.E. 40TH STREET
SUITE C
CAPE CORAL FL 33904-7913
US

2. Principal Place of Business

22197 N. River Rd.
Suite, Apt. #, etc.

3. Mailing Address

22197 N. River Rd.
Suite, Apt. #, etc.

City & State

Alva FL

City & State

Alva FL

Zip

33920

Country

Lee

Zip

33920

Country

Lee

4. FEI Number

65-0644420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

H.S. BLAIR & ASSOCIATES, INC.
1505 SE 40TH STREET
SUITE C
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name Pennylynn A. Trealout, CPA
Street Address (P.O. Box Number is Not Acceptable)
1100 Pondella Road, Unit # 514
City North Fort Myers FL Zip Code 33903

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 Pennylynn A. Trealout, CPA Pennylynn A. Trealout, CPA 2-10-00
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	PT	<input type="checkbox"/> Delete
NAME	ROMAN, MAYER	
STREET ADDRESS	2219-B JOEL BLVDD	
CITY-ST-ZIP	ALVA FL 33920-2019	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SABINE, MAYER	
STREET ADDRESS	2219-B JOEL BLVD	
CITY-ST-ZIP	ALVA FL 33920-2019	
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	<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 in an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/00

Date

941-7288861

Daytime Phone #

CR2E034 (9/99)