

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000021079

1. Entity Name

SANDRA L. MEYER, P.A.

FILED  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90129 029 \*\*\*150.00

Principal Place of Business

Mailing Address

~~4874 WEST BLVD. CT~~ 26301 CLARKSTON DR ~~4874 WEST BLVD. CT~~ Same  
NAPLES FL 34103 Bonita Springs FL NAPLES FL 34103  
US 54135 US

044216



DO NOT WRITE IN THIS SPACE

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 65-0644689

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

MEYER, SANDRA L 26301 CLARKSTON DR  
4874 WEST BLVD. > Bonita Springs FL  
NAPLES FL 34103 34135

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, 2001 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 DTD ☐ Delete  
NAME MEYER, SANDRA L  
STREET ADDRESS 4874 W BLVD CT 34135 CLARKSTON DR  
CITY-ST-ZIP NAPLES FL Bonita Springs FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPS ☐ Delete  
NAME MEYER, RONALD L 34135 CLARKSTON DR  
STREET ADDRESS 4874 WEST BLVD CT  
CITY-ST-ZIP NAPLES FL Bonita Springs

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01

941-948-2354

CR2E034 (10/00)