

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90005 033 ***150.00

DOCUMENT # P96000030281

1. Entity Name

SHIRLEY MARTIN MYERS L.C.S.W., P.A.

Principal Place of Business

12210 N 56TH STREET
 TAMPA FL 33617
 US

Mailing Address

~~12210 N 56TH STREET~~
~~TAMPA FL 33617-1501~~
~~US~~

2. Principal Place of Business

3. Mailing Address

39322 LONGVIEW AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ZEPHYRHILLS, FLORIDA

4. FEI Number

59-3368704

Applied For

Not Applicable

Zip

Country

Zip

Country

33540

PASCO

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

SHORT, PAUL R
7522 N. 40TH ST.
TAMPA FL 33604

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	DP MYERS, SHIRLEY M		
	39322 LONGVIEW AVE.		
	ZEPHYRHILLS FL 33540		

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

3/30/00

Date

(813) 980-3488

Daytime Phone #

FILED