

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90008 034 ***155.00

04120027 AV

DOCUMENT # P96000030281
 1. Entity Name
SHIRLEY MARTIN MYERS L.C.S.W., P.A.

Principal Place of Business Mailing Address
12210 N 56TH STREET **39322 LONGVIEW AVE**
TAMPA FL 33617 **ZEPHYRHILLS FL 33540**
US **US**



2. Principal Place of Business 3. Mailing Address
10730 N 56th Street Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 210
 City & State City & State
Tampa, FL
 Zip Country Zip Country
33617 **Hillsborough**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3368704** 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
SHORT, PAUL R Name
7522 N. 40TH ST. Street Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33604 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	DP MYERS, SHIRLEY M 39322 LONGVIEW AVE. ZEPHYRHILLS FL 33540 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Shirley Martin Myers* **Shirley Martin Myers** **4/13/02** **(813) 980-3488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)