

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90008 034 ***155.00

05/09/2002 08:00

DOCUMENT # P96000030281

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

Principal Place of Business

**12218 N 56TH STREET
 TAMPA FL 33617
 US**

Mailing Address

**39322 LONGVIEW AVE
 ZEPHYRHILLS FL 33540
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10730 N 56th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite 210

City & State

Tampa, FL

City & State

4. FEI Number **59-3368704**

Applied For

Not Applicable

Zip

Country

33617 Hillsborough

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 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

TITLE **DP** ☐ Delete
 NAME **MYERS, SHIRLEY M**
 STREET ADDRESS **39322 LONGVIEW AVE.**
 CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 **4/13/02** **(813) 980-3488**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)