

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90260 008 ***150.00

DOCUMENT # P96000043067

1. Entity Name
MYRT'S, INC.



Principal Place of Business
**18204 NW COUNTY ROAD 231
GAINESVILLE FL 32609**

Mailing Address
**18204 NW COUNTY ROAD 231
GAINESVILLE FL 32609**

11013043



2. Principal Place of Business

815 W. University Ave

Suite, Apt. #, etc.

3. Mailing Address

18204 NW County Road 231

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Gainesville FL

City & State
Gainesville FL

4. FEI Number **59-3384622**

Applied For

Not Applicable

Zip
32601

Country
Alachua

Zip
32609

Country
Alachua

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GUNTER, MYRTLE
18204 NW COUNTY ROAD 231
GAINESVILLE FL 32609**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GUNTER, R M**
STREET ADDRESS **18204 NW COUNTY ROAD 231**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Myrtle Gunter**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

352-372-7564

Daytime Phone #

CR2E034 (10/02)