

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076597

1. Entity Name
MYERS FAMILY VENDING AND DISTRIBUTION, INC.

Principal Place of Business
2000 SUNNY STREET
KISSIMMEE FL 34741
US

Mailing Address
PO BOX 700334
ST. CLOUD FL 34470
US

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 59-3398633

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

MYERS, CHARLES F
6069 LAMONTE ST
ST. CLOUD FL 34771

Name
2000 Sunny St
Kissimmee FL 34741

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
D MYERS, CHARLES H
4501 S. SHORE DR
ST. CLOUD FL 32839 ☒ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
D MYERS, BARBARA J
4501 S. SHORE DRIVE
ORLANDO FL 32839 ☒ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
PSD MYERS, CHARLES F
2000 SUNNY ST
KISSIMMEE FL 34741 ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
VTD MYERS, TERRY L
2000 SUNNY ST
KISSIMMEE FL 34741 ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

Charles F Myers, 1/3/02 407-957-3743
pres. Daytime Phone #

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90013 009 ***150.00



DO NOT WRITE IN THIS SPACE

AV 1918990

CR2E034 (9/01)