

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90296 031 ***150.00

DOCUMENT # P98000000569

1. Entity Name
MEYER PROFESSIONAL AUTOMOTIVE SERVICES, INC.



Principal Place of Business
5397 DAVID BLVD
PORT CHARLOTTE FL 33981

Mailing Address
5397 DAVID BLVD
PORT CHARLOTTE FL 33981

2. Principal Place of Business
4990 PLACIDA Rd
Suite, Apt. #, etc. Unit C

3. Mailing Address
4990 PLACIDA Rd
Suite, Apt. #, etc. Unit C

City & State
Englewood FL
Zip 34224
Country Charlotte

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Englewood FL
Zip 34224
Country Charlotte

4. FEI Number 65-0804612

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

MEYER, DAVID
5397 DAVID BLVD
PORT CHARLOTTE FL 33981

7. Name and Address of New Registered Agent

Name Meyer, David
Street Address (P.O. Box Number is Not Acceptable) 4990 PLACIDA Rd Unit C
City Englewood **FL** **Zip Code** 34224

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MEYER, DAVID
STREET ADDRESS 5397 DAVID BLVD
CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE D ☒ Delete
NAME MEYER, KATHLEEN
STREET ADDRESS 5397 DAVID BLVD
CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME Meyer, David
STREET ADDRESS 4990 PLACIDA Rd. Unit C
CITY-ST-ZIP Englewood, FL 34224

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03 (941) 698-0400

Date

Daytime Phone #

CR2E034 (10/02)