

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000014238**

1. Entity Name  
**L & M FLETCHER INC.**

Principal Place of Business  
**N. FT. MYERS, FL.**

Mailing Address  
**3236 CARRINGTON DR.  
N. FT. MYERS, FL. 33917**

2. Principal Place of Business  
**N. FT. MYERS, FL.**

3. Mailing Address  
**3236 CARRINGTON DR.**

Suite, Apt. #, etc.

City & State  
**N. FT. MYERS, FL**

City & State  
**N. FT. MYERS, FL**

Zip  
**33917**

Country  
**USA**

Zip  
**33917**

Country  
**USA**

4. FEI Number  
**65-0821140**

Applied For  
☒ Not Applicable

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

6. Name and Address of Current Registered Agent  
**LEIGH J. MYERS  
3236 CARRINGTON DR  
N. FT. MYERS, FL. 33917**

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 **Leigh J. Myers** **LEIGH J. MYERS PRES.** **Leigh J. Myers** **10/2/01**

(NOTE: Registered Agent signature required when reappointing)

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing. ☒ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE **PRES.** ☐ Delete

NAME **LEIGH J. MYERS**

STREET ADDRESS **3236 CARRINGTON DR.**

CITY-ST-ZIP **N. FT. MYERS, FL. 33917**

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

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME **700004688107-7**

STREET ADDRESS **-11/20/01-01004-009**

CITY-ST-ZIP **\*\*\*\*150.00 \*\*\*\*150.00**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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: **Leigh J. Myers** **LEIGH J. MYERS PRES.** **10/2/01** **602-316-8812**

(Signature and Typed or Printed Name of Signing Officer or Director)

**FILED**

**01 NOV 15 AM 8:54**

**SECRETARY OF STATE**

**TALLAHASSEE FLORIDA**

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

Dear Michelle,

202

Due to our telephone conversation of 8/14/01,  
On February 2001 I had a serious operation.  
In order to remove a tumor in my head, doctors  
had to remove my eye and part of my skull.  
Since the operation I've had a lot of short  
Term memory loss. Shortly after our telephone  
conversation, I had a relapse and was bedridden  
for a while. I hope this explanation will  
allow me to continue with my corporation

Yours Truly  
Lyle J. Meyer  
L + M FLETCHER, INC.