

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91774 021 ***150.00

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DOCUMENT # P98000108165

1. Entity Name
MEYERS MANAGEMENT COMPANY



Principal Place of Business
**PO BOX 470367
CELEBRATION FL 34747**

Mailing Address
**PO BOX 470367
CELEBRATION FL 34747**



2. Principal Place of Business
1100 N. Main Street

3. Mailing Address

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.

City & State
Kissimmee Florida

City & State

4. FEI Number
59-3549377

Applied For
Not Applicable

Zip
34744

Country
USA

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEYERS, JARED
2974 N. POINCIANA BLVD.
KISSIMMEE FL 34746**

Name
Meyers, Jared M.
Street Address (P.O. Box Number is Not Acceptable)
1100 N Main Street Suite A
City
Kissimmee FL Zip Code
34744

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jared Meyers*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
4/30/2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **DPS MEYERS, JARED**
STREET ADDRESS **2794 N POINCIANA BLVD**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE Change Addition
NAME
STREET ADDRESS **1100 North Main St. Ste A**
CITY-ST-ZIP **Kissimmee FL 34744**

TITLE Delete
NAME **DCSV MEYERS, NEIL**
STREET ADDRESS **2974 N. POINCIANA BLVD.**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE Change Addition
NAME
STREET ADDRESS **1100 North Main St. Suite A**
CITY-ST-ZIP **Kissimmee FL 34744**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
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: *Jared Meyers* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4/30/2003

Daytime Phone #

CR2E094 (10/02)