

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052377

1. Entity Name

MEYER INSURANCE GROUP, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90041 019 ***150.00

Principal Place of Business

Mailing Address

~~378-A TEQUESTA DR~~
TEQUESTA FL 33469

~~378-A TEQUESTA DR~~
TEQUESTA FL 33469-1020

00030132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1169 TEQUESTA DR

1169 TEQUESTA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

31-E

31-E

City & State

City & State

TEQUESTA, FL

TEQUESTA, FL

Zip

Country

Zip

Country

33469

33469

4. FEI Number

105-0923442

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

MEYER, DEBRA A

~~378-A TEQUESTA DR~~
~~TEQUESTA FL 33469~~

Name

Street Address (P.O. Box Number is Not Acceptable)

1169 TEQUESTA DR

SUITE 31-E

City

TEQUESTA

FL

Zip Code

33469

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, 2000 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 ☐ Delete
NAME MEYER, DEBRA A
STREET ADDRESS ~~378-A TEQUESTA DR~~ 1169 TEQUESTA DR
CITY-ST-ZIP ~~TEQUESTA FL 33469~~ TEQUESTA, FL 33469

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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: *Debra Meyer* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

Date

561 741 0555

Daytime Phone #

CR2E034 (9/99)