

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91192 022 ***150.00

DOCUMENT # P99000056076
1. Entity Name
GARY C. MYERS, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10612 HORIZON DRIVE Suite, Apt. #, etc.		3. Mailing Address 10612 HORIZON DRIVE Suite, Apt. #, etc.	
City & State SPRING HILL, FL 34608		City & State SPRING HILL, FL 34608	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3582597	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name MYERS, GARY C.
Street Address (P.O. Box Number is Not Acceptable) 10612 HORIZON DRIVE
City SPRING HILL
State FL
Zip Code 34608

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 *Gary Myers* DATE 04/30/02
Signature, typed or printed name of registered agent and date applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T MYERS, GARY C. 10612 HORIZON DRIVE SPRING HILL, FL 34608
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Gary C. Myers* GARY C. MYERS 04/30/02
Printed Name of Officer or Director Date Daytime Phone #