

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S27656

1. Entity Name
LARRY K. MEYER, P.A.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90262 031 ***150.00

Principal Place of Business
611 DRUID RD E
107
CLEARWATER FL 33756
US

Mailing Address
611 DRUID RD E
107
CLEARWATER FL 33756-3948
US

604470



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
906 DREW ST
Suite, Apt. #, etc.

3. Mailing Address
906 DREW ST
Suite, Apt. #, etc.

City & State
CLEARWATER, FL
Zip
33755
Country

City & State
CLEARWATER, FL
Zip
33756
Country

4. FEI Number 59-3114900

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, LARRY K.
~~611 DRUID RD E~~
~~SUITE 107~~
CLEARWATER FL 33756

Name
Street Address (P.O. Box Number is Not Acceptable)
906 DREW ST.
City CLEARWATER FL Zip Code 33755

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 *Larry K. Meyer Pres.* DATE 1-12-00
Signature typed or printed name of registered agent and date if 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)

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	DCP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEYER, LARRY K.		NAME		
STREET ADDRESS	611 DRUID RD E, SUITE 107		STREET ADDRESS	906 DREW ST.	
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEPHEN G. WATTS		NAME		
STREET ADDRESS	611 DRUID RD E, SUITE 107		STREET ADDRESS	809 DRUID RD E.	
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Larry K. Meyer Pres.* DATE 1/12/00 727-442-5542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #
LARRY K. MEYER, PRES.

CR2E034 (9/99)