## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # \$27912** MEYERSONSHINE, INC. 04-26-2001 90081 019 \*\*\*150.00 Principal Place of Business Mailing Address 506 LOUISA ST 506 LOUISA ST KEY WEST FL 33040 KEY WEST FL 33040 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0242570 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Farrelly, Gregory G. FARRELLY, GREGORY G Street Address (P.O. Box Number is Not Acceptable) **506 LOUISA ST** c/o Catalfomo & Farrelly C/O CATALFOMO & FARRELLY 506 Louisa Street KEY WEST FL 33040 Zip Code 33040 Key West 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. 03/01/2001 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Wake Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete THEF ☐ Change Addition NAME MEYERSON, ROBERT B. NAME STREET ADDRESS **506 LOUISA ST** STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP KEY WEST FL 33040 TITLE ☐ Delete DIRE Change ☐ Addition NAME NAME STREE1 ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CIEY-ST-ZIP TITLE ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TIME Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 13. Thereby 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 supplier 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 sustee empowered to execute this report as required by Chapter 307, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment other like empowered

Robert B. Meyerson 4-20-0

Daytime Phone #

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR