

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753019

1. Entity Name

THE MERCADO ASSOCIATION, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90016 029 ****61.25

Principal Place of Business

4600-4618 MERCADO
SEBRING FL 33872
US

Mailing Address

4600-4618 MERCADO
SEBRING FL 33872
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2261268

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

Carol M. Thorpe

RICHARD KLOCKO

4612 MERCADO DR
SEBRING FL 33872

Name

Street Address (P.O.)

Carol M. Thorpe

4612 Mercado Dr.

Sebring, FL 33872-2339

City

FL

Zip Code

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

CAROL M. THORPE MGR Carol M. Thorpe 1-26-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME FRENCH, ARTHUR
STREET ADDRESS 36587 PARK PLACE DR
CITY-ST-ZIP STERLING HGHTS MI 48310

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

TITLE ST ☐ Delete
NAME IBSEN, WAYN
STREET ADDRESS 80 BERTLAND AVE
CITY-ST-ZIP SCARBOROUGH ON M1K 2

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

TITLE D ☐ Delete
NAME PITTAO, JOHN
STREET ADDRESS 160 GARY AVE
CITY-ST-ZIP TECUMSCH ON N9J 1

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

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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STREET ADDRESS
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 617, 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 empowerments.

SIGNATURE: WAYNE IBSEN DST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 26, 2000 (863)
382-0089
Date Daytime Phone #