

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90080 008 \*\*\*\*61.25

**DOCUMENT # 753019**

1. Entity Name

**THE MERCADO ASSOCIATION, INC.**



Principal Place of Business

**4600-4618 MERCADO DR  
SEBRING FL 33872  
US**

Mailing Address

**4612 MERCADO DRIVE  
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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THORPE, CAROL M  
4612 MERCADO DR  
SEBRING FL 33872**

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Carol M. Thorpe* **MANAGER**

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  
Florida 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 **PD** ☐ Change ☐ Addition  
NAME **Mr. Arthur French**  
STREET ADDRESS **11451 Aldridge Street**  
CITY-ST-ZIP **Windsor, Ontario  
CANADA N8P 1L8.**

TITLE **ST** ☐ Delete  
NAME **WAYNE, IBSEN**  
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 **LaSalle, ONT N9J 1V3**

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  
NAME  
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 empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*W. R. IBSEN*

**(863) 382-0089**

Date

Device Phone #

CR2E037 (10/02)