

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G86231

Entity Name
MERRIAR MARKETING, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State
02-07-2000 90074 004 ***150.00

Principal Place of Business S WOODLAND BLVD FL 32720	Mailing Address 421 FENWICK CT DEBARY FL 32713-4517 US
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Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2416825	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
RENNA, JOE
421 FENWICK CT
DEBARY FL 32713

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
☐ Delete	D RENNA, JOE 421 FENWICK CT DEBARY FL 32713	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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☐ Delete		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS 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: SIGNATURE REQUIRED
2-1-00 904-917-0083
Date Daytime Phone #