

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93590 039 \*\*\*550.00

**DOCUMENT # L89169**

1. Entity Name  
**PATTI AND MERRITT ENTERPRISES, INC.**

Principal Place of Business

610 S C ST  
 PENSACOLA FL 32501  
 US

Mailing Address

610 SOUTH "C" STREET  
 PENSACOLA FL 32501

2. Principal Place of Business

610 So. "C" ST  
 Suite, Apt. #, etc.

3. Mailing Address

610 South "C" ST  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

59-3019602

Applied For

Not Applicable

Zip

32501

Country

ESCAMBIA

Zip

32501

Country

U.S.A

5. Certificate of Status Desired,

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MERRITT, JOSIE P.  
 610 SOUTH "C" STREET  
 PENSACOLA FL 32501

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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, 2002 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

TITLE	DST	<input type="checkbox"/> Delete
NAME	MERRITT, JOSIE PATTI	
STREET ADDRESS	4968 PRIETO DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MERRITT, VALERIE M.	
STREET ADDRESS	4968 PRIETO DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MERRITT, CHARLES M. JR.	
STREET ADDRESS	4968 PRIETO DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Josie Patti Merritt DIRECTOR JOSIE PATTI MERRITT 5/20 850 434-3193  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)