## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000099358

1. Entity Name



## Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90600 047 \*\*\*150.00

THE MERRY MAILMAN, INC			V			
	DO NOT WRITE	IN THIS S	PAC	<b>E</b>	<b>90007</b> 3	004
2. Principal Place of Business 3907 NORTH FEDERAL HIGHWAY Suite, Apt. #, etc.		3. Mailing Address 3907 NORTH FEDERAL HIGHWAY Suite, Apt. #, etc.		L HIGHWAY	DO NOT WRITE IN THIS S	SPACE
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL			4. FEI Number 65-1050658	Applied For Not Applicable
Zip 33064	Country • USA	Zip 33064	Country USA		5. Certificate of Status Desired \$8.75 Additional Fee Required	
en Statet g			nerskiedi kie kieg ir iek		7. Name and Address of Current Registered Agent	
DO NOT WRI		NTE:		GUZIK	K, JACK R P.O. Box Number is Not Acceptable)	
IN THIS SPACE						
		AYE		560 32ND C		
rija i disələri Oʻzar iztinci			engumen Ligitoria	City VERO B	EACH FL	Zip Code 32968-4133
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.						
55	ione or regionaries against		•			
SIGNATURE .	Signature, typed or printed name of registered agent an	nd title il applicable (NOT	E Registere	d Agent Signature required v	when reinstating) DATE	
Uanuary 1 - May 1 Fee is \$150.00° After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND D	- Jini riminanija)	delicipida Carlos Securios			
CITY-ST-ZIP	BUZIK, JACK R 560 32 ND COURT SO VERO BEACK, FL D	3×468-7/32	E			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZIK, MARGARET A 560 32 MD COURT SW URRO BEACH, FL 32968-4/33			E EF AODRESS - ST-ZIP		
TITLE NAME STREET ADDRESS CHTY-ST-ZIP				E ST. ZIP.	DO NOT WRI	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	Wish Lake	erion de la	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1 2 1 1 2 1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			7.			
indicated of the cor	on this report or supplemental report is t	rue and accurate and that re wered to execute this repo	ny sionar	ure shall have the sa	tion 119.07(3)(i), Florida Statutes. I further certi ame legal effect as if made under oath; that I am 7, Florida Statutes; and that my name appears	n an officer or director in Block 10 or on an

SIGNATURE:

MING OFFICER OF DIRECTOR