

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90413 007 ***150.00

DOCUMENT # 798000061387
1. Entity Name
MERCHANTER ALLIANCE CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
101 S. NEPTUNE AVE
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CLEARWATER, FL
Zip
33765 Country
USA

City & State
Zip
Country

4. FEI Number
59-3527210 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
LYLE ROLAND
Street Address (P.O. Box Number is Not Acceptable)
101 S. NEPTUNE AVE
City
CLEARWATER FL Zip Code
33765

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] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE 30 Apr 02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT KEVIN LEACH 101 S. NEPTUNE AVE CLEARWATER, FL 33765</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VICE PRESIDENT LYLE ROLAND 101 S. NEPTUNE AVE CLEARWATER, FL 33765</u>
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 30 APR 02 Daytime Phone # 727-446-8736