

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90023 001 ***150.00

DOCUMENT # **799000096741**

1. Entity Name

MERCATOR HOLDING INC.

Principal Place of Business c/o COAST-TO-COAST REALTY PETRA ROLLER 11232 TAMIAHI TRAIL N. NAPLES, FL 34110-1640	Mailing Address c/o COAST-TO-COAST REALTY PETRA ROLLER 11232 TAMIAHI TRAIL N. NAPLES, FL 34110-1640
---	---

00041600

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 593606983	Applied For Not Applicable
-----------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROLLER, PETRA
 COAST-TO-COAST INVESTMENT GROUP INC
 5051 CASTELLO DRIVE #17
 NAPLES, FL 34103**

7. Name and Address of New Registered Agent

Name COAST-TO-COAST REALTY
Street Address (P.O. Box Number is Not Acceptable) PETRA ROLLER
11232 TAMIAHI TRAIL N.
City NAPLES FL Zip Code 34110-1640

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  **PETRA ROLLER** **02-19-01**
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, 2001 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 PSD	<input type="checkbox"/> Delete
NAME HORST SPENGLER	
STREET ADDRESS AM VINCKENBRINK 6	
CITY-ST-ZIP WTLG HATTINGEN	
TITLE VP	<input type="checkbox"/> Delete
NAME RITA KERBER	
STREET ADDRESS WITTENER STR. 33A	
CITY-ST-ZIP WTLG WITTEN	
TITLE T	<input type="checkbox"/> Delete
NAME SANDRA THUENER	
STREET ADDRESS PANNHETTER STR. 6	
CITY-ST-ZIP WTLG HATTINGEN	
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 the empowered.

SIGNATURE:  **Horst Spengler/Hs.** **3-22, 01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)