

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 05, 2002 8:00 am**  
**Secretary of State**

08-05-2002 90006 026 \*\*\*150.00

**DOCUMENT # P99000105716**

1. Entity Name  
**KOVACH AND MERTZ, INC.**

Principal Place of Business  
**5 GEIGER ROAD  
 KEY WEST FL 33040**

Mailing Address  
**JOHN MERTZLUFFT  
 P.O. BOX 2101  
 KEY WEST FL 33045**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2801 ESTERO BLVD, UNIT M**

3. Mailing Address  
**2801 ESTERO BLVD  
 UNIT M**

City & State  
**FT. MYERS BEACH, FL.**

City & State  
**FT. MYERS BEACH, FL.**

4. FEI Number **65-0973826** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ANDERSEN, WILLIAM E  
 501 WHITEHEAD STREET  
 KEY WEST FL 33040**

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. I am familiar with, and accept the obligations of registered agent.

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> Delete<br><b>MERTZLUFFT, JOHN</b><br><del>5 GEIGER ROAD</del> <b>2801 ESTERO BLVD.</b><br><del>KEY WEST FL 33040</del> <b>FT. MYERS BEACH, FL. 33931</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: JOHN MERTZLUFFT 8/1/02 (239) 463-7275  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

7/15/02 Attachment

972624  
P99000108716

TO WHOM IT MAY CONCERN:

I CALLED 1-850 488-9000 AND A PERSON  
NAMED JOE (LADY) SAID TO SEND \$150.<sup>00</sup>

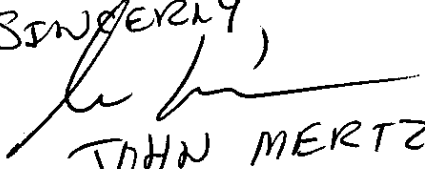
BECAUSE I JUST RECEIVED BOTH NOTICES  
THIS WEEK, THEY WERE BOTH SENT TO  
KEY WEST ORIGINALLY.

MY NEW ADDRESS IS...

HOVACH AND MERTZ  
2801 ESTERO BLVD, UNIT M  
FT. MYERS BEACH, FL.

33931

THANK YOU,

SINCERELY,  
  
JOHN MERTZLUFFT