# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

## SIGNATURE: LISA LAPKOVITCH

Electronic Signature of Signing Officer/Director Detail

## 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000115008

Entity Name: MERCHANDISING PLUS, INC.

#### **Current Principal Place of Business:**

5100 DUPONT BLVD 7B FT LAUDERDALE, FL 33308

#### **Current Mailing Address:**

2220 CR 210 W. SUITE 108, BOX 306 ST. JOHNS, FL 32259

### FEI Number: 20-0277103

#### Name and Address of Current Registered Agent:

LAPKOVITCH, LISA 729 E. AMERICAN EAGLE DRIVE SAINT AUGUSTINE, FL 32092 US

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:

Electronic Signature of Registered Agent

#### Officer/Director Detail :

Title	PD	Title	MGMR
Name	WILLIAMS, RITA T	Name	LAPKOVITCH, LISA
Address	5100 DUPONT BLVD 7B	Address	729 E. AMERICAN EAGLE DRIVE
City-State-Zip:	FT LAUDERDALE FL 33308	City-State-Zip:	ST. AUGUSTINE FL 32092

MGMR

FILED Mar 19, 2020 Secretary of State 6733365987CC

Date

Certificate of Status Desired: No

03/19/2020 Date