

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 292230

1. Entity Name

MERRELL L. POOLE & ASSOCIATES, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90040 024 ***150.00

Principal Place of Business

Mailing Address

4329 EMERSON ST.
JACKSONVILLE FL 32207

4329 EMERSON ST.
JACKSONVILLE FLA 32207-4914

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 **59-1098127**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HYERS, J. CURTIS
1800 ATLANTIC BLVD.
JACKSONVILLE FL 32207

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.

SIGNATURE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	POOLE, MERRELL L.	
STREET ADDRESS	4925 GLADE HILL ST.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	POOLE, MERRELL L.	
STREET ADDRESS	4925 GLADE HILL ST.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POOLE, MAURINE H.	
STREET ADDRESS	4925 GLADE HILL ST.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	POOLE, MAURINE H.	
STREET ADDRESS	4925 GLADE HILL ST.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	POOLE, RONALD R.	
STREET ADDRESS	1130 MONTEGO RD. E.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	POOLE, LYNN H.	
STREET ADDRESS	1130 MONTEGO RD. E.	
CITY - ST - ZIP	JACKSONVILLE FL	

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 like empowered.

Ronald R. Poole, President
Ronald R. Poole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

(904) 398-7334

Date

Daytime Phone #

CR2E034 (9/99)