

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 525618

1. Entity Name

JOSEPH J. MERCURIO & ASSOCIATES, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90023 031 ***150.00

Principal Place of Business

Mailing Address

713 S. ORANGE AVENUE
P.O. BOX 15590
SARASOTA FL 34277

3743 CASTELLON COURT
SARASOTA FL 34238-4592
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Delete P.O. Box 15590

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1723495**

Applied For
Not Applicable

Zip
34236

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERCURIO, JOSEPH J.
713 S. ORANGE AVENUE
P.O. BOX 15590
SARASOTA FL 34277

Name

Street Address (P.O. Box Number is Not Acceptable)

Delete P.O. Box 15590

City

FL Zip Code **34236**

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 PD
NAME MERCURIO, JOSEPH J.
STREET ADDRESS 713 S. ORANGE AVENUE
CITY-ST-ZIP SARASOTA FL **34236** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME MERCURIO, MARION E.
STREET ADDRESS 713 S. ORANGE AVENUE
CITY-ST-ZIP SARASOTA FL **34236** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Joseph J. Mercurio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00

Date

941-924-6967

Daytime Phone #