

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850461

1. Entity Name

MERRITT OIL CO., INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90040 001 ***158.75

Principal Place of Business

952 1/2 S. CONCEPTION STREET
P O BOX 2823
MOBILE AL 36652

Mailing Address

952 1/2 S. CONCEPTION STREET
P O BOX 2823
MOBILE AL 36652-2823

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

63-0673741

Applied For

Not Applicable

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

CHEATHAM, RALPH T.
95 MERRIK WAY
CORAL GABLES FL

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	PD	<input type="checkbox"/> Delete
NAME	WALDING, R.FRED	
STREET ADDRESS	3965 BAY FRONT RD	
CITY-ST-ZIP	MOBILE AL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MERRITT, R T	
STREET ADDRESS	RT 3 BOX 84	
CITY-ST-ZIP	FAIRHOPE AL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALDING, JEFFERY C.	
STREET ADDRESS	103 HANOVER DR	
CITY-ST-ZIP	DAPHNE AL	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2257 STEINER AVE	
CITY-ST-ZIP	MOBILE, AL 36605	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	505 CHURCH AVE	
CITY-ST-ZIP	DAPHNE, AL 36526	
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 lines empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

2-7-00

Date

334-432-6711

Daytime Phone #

CR2E034 (9/99)