2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000002977

1. Entity Name

MERLIN III ASSOCIATES INC.



FILED Jan 22, 2003 8:00 am Secretary of State

01-22-2003 90150 035 ***150.00

						V.S.	TE THESE								
Principal Place of Business 610 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34957				Mailing Address 610 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34957									18 14 1 86 1 1 88 1		
2. Principal Place of Business				3. Mailing Address										?	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					П снеск н	ERE IF MA	KING CHANG	GES	•		
City & State	e	Cit	City & State				4. FEI Number 65-1083247 Applied For								
Zip		Country	Zip	Zip Country			5	. Certificat	e of Status Desi		\$8. <u>7</u> 5	Addi		1	
	6 Nama ar	d Address s	f Current Bogisto	Registered Agent			7. Name and Address of New Registered					Fee Required			
	o. Name ar	iu Address o	r Current Registe	red Agent		Name		Name an	a Address of N	iew Hegiste	erea Agent			1 _	
TESKE JA	ACQUELINE	<u> ' .</u>		u wai		59	me	- ·					*·]	
TESKE, JACQUELINE 729 S. FEDERAL HWY., STE. 307						Street A	ddress (P.O.	Box Numb	er is Not Accep	otable)	25001	, ,	21110	1	
STUART F		, OIL. 301				6/0	/ /V. C	-, 0	ENSE	NO	BEACH		JLV L.	┨	
SIVARIF	L 34994							•							
						JE	NSE	N B	EACH	,	FL 。翌	Code 225	557		
8. The above the obligation SIGNATURE	ions of registere	ed agent. <i>Uelijn</i>	atement for the pur	pose of changing it	VEL	INE	r registered a	agent, or be	oth, in the Stafe		1 am familiar v		and accept		
	Jaignature, typed or p	ilinted name of regi	stered agent and title if at	ppicable. (NO	I E: Registered	Agent signa	are required when	reinstating)			AIE			1	
After	ILE NOW!!! May 1, 2003 Payable to F	Fee will be							lection Campaig rust Fund Contri		· — ·		May Be to Fees		
10.		OFFICE	ERS AND DIRECTO	 DRS	11.			L ADDITIONS	CHANGES TO	OFFICERS	AND DIRECT	TORS	IN 11	ł	
TITLE	DPS			☐ Delete	TITLE		Same				Æ Chai		Addition	ନ୍ଧ	
NAME	TESKE, JAC			20.00	NAME		Samo	0,						CR2E034 (10/02)	
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NAME etreet andreed	SMITH, THO		CTE 207		NAME		Sam	e	77-110		DE COL	,	21111		
STREET ADDRESS CITY-ST-ZIP	729 S. FEDE STUART FL		SIE. 30/	÷.		T ADDRESS ST-ZIP			JENG					ĺ	
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NAME STREET ADDRESS					NAME STREE	T ADDRESS									
CITY-ST-ZIP						ST-ZIP									
12. hereby c	ertify that the in	formation sup	plied with this filing	does not qualify fo			ted in Section	1 119.07(3)	(i), Florida Statu	ites. I furthe	r certify that t	he inf	ormation		

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.