2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

2300 TIN TOP ROAD

WEATERFORD TX 76087

F02000005415 DOCUMENT

1. Entity Name

Principal Place of Business

2. Principal Place of Business

2300 TIN TOP ROAD

WEATERFORD TX 76087

Suite, Apt. #, etc.

City & State

Zip

T.G. MERCER CONSULTING SERVICES, INC.

Country

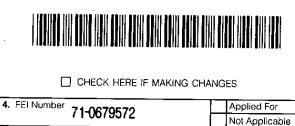
6. Name and Address of Current Registered Agent



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90123 003 ***150.00

22002347



DATE

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

	Name and Address of I	New Registered	Agent
Name	-	·	
	<u> </u>		
Street Address (P.0	Box Number is Not Acce	ntahle)	
Street Address (P.0	O. Box Number is Not Acce	ptable)	
Street Address (P.0	O. Box Number is Not Acce	ptable)	
Street Address (P.0	O. Box Number is Not Acce	ptable)	<u> </u>
	O. Box Number is Not Acce	ptable)	
Street Address (P.0	O. Box Number is Not Acce	ptable)	Zip Code

5. Certificate of Status Desired

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. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

Country

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

9.	Election Campaign Financing
	Trust Fund Contribution.

\$5.00 May Be Added to Fees

\$8.75 Additional

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition MERCER, GEORGE NAME STREET ADDRESS 2300 TIN TOP ROAD STREET ADDRESS CITY-ST-ZIP **WEATERFORD TX 76087** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MUNRO, BRUCE NAME STREET ADDRESS 2300 TIN TOP ROAD STREET ADDRESS CITY-ST-7IP WEATERFORD TX 76087 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME MERCER, WANDA JO NAME STREET ADDRESS 101 CONCHO TRAIL STREET ADDRESS CITY-ST-ZIP FORT WORTH TX 76108 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-7IP

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Mercer

Daytime Phone #

(10/02)