

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90046 008 ***150.00

DOCUMENT # F47404

1. Entity Name
ANDREW H. MERRITT, INC.

Principal Place of Business

C/O ANDREW H MERRITT
4440 SW ARCHER ROAD, #1221
GAINESVILLE FL 32608

Mailing Address

C/O ANDREW H MERRITT
4440 SW ARCHER ROAD, #1221
GAINESVILLE FL 32608

2. Principal Place of Business

15436 S. County Road 325

Suite, Apt. #, etc.

3. Mailing Address

15436 S. County Road 325

Suite, Apt. #, etc.

City & State

Cross Creek, FL

City & State

Cross Creek, FL

4. FEI Number

59-2127326

Applied For

Not Applicable

Zip

32640

Country

USA

Zip

32640

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MERRITT, ANDREW H
4420 SW ARCHER ROAD, #1221
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name

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

15436 S. County Road 325

City

Cross Creek

FL

Zip Code

32640

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, 2002 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

TITLE **DP** ☐ Delete
 NAME **MERRITT, ANDREW H**
 STREET ADDRESS **4420 SW ARCHER ROAD, #1221**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **15436 S. County Road 325**
 CITY-ST-ZIP **CROSS CREEK, FL 32640**

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

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

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TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 7, 2002 - 352 466 4890
 Date Daytime Phone #

CR2E034 (9/01)