

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 12, 2001 8:00 am  
Secretary of State

05-12-2001 90060 024 \*\*\*150.00

DOCUMENT # F68178

1. Entity Name

D.M. & SONS, INC.

Principal Place of Business

% WALTER DON MERRITT  
5490 W HOMOSASS TRAIL  
LEGANTO FL 34461  
US

Mailing Address

PO BOX 309  
CRYSTAL RIVER FL 34423-0309

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 59-2283382

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

MERRITT, WALTER DON  
7260 W. OTTER ST.  
HOMOSASSA FL 34446

Name

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

City

FL

Zip Code

34423

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, 2001 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	STD	<input type="checkbox"/> Delete
NAME	MERRITT, BARBARA ANN	
STREET ADDRESS	7260 W. OTTER ST.	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MERRITT, WALTER DON	
STREET ADDRESS	7260 W. OTTER ST.	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	V	<input type="checkbox"/> Delete
NAME	MERRITT, WALTER K	
STREET ADDRESS	6492 W. AVOCODA ST.	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	C	<input type="checkbox"/> Delete
NAME	MERRITT, DONALD K	
STREET ADDRESS	1929 S. MELANIE DR.	
CITY-ST-ZIP	HOMOSASSA FL 34448	
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"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 309 930 N. Country Club Dr.	
STREET ADDRESS	Crystal River, FL 34423	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 309 930 N. Country Club Dr.	
STREET ADDRESS	Crystal River, FL 34423	
CITY-ST-ZIP		
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 like empowered.

SIGNATURE:

Barbara A. Merritt Sec.

4/9/01

(352) 628-2886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)