

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90846 004 ***150.00

DOCUMENT # F93000003331	
1. Entity Name MERIT BEVERAGE CO.	

Principal Place of Business 12995 S CLEVELAND AVE STE 145 FT MYERS FL 33907 US	Mailing Address 12995 S CLEVELAND AVE STE 145 FT MYERS FL 33907 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 36-3330502		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	
PAULUS, THOMAS J. 12995 S CLEVELAND AVE STE 145 FT MYERS FL 33907		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

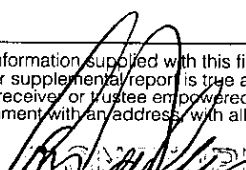
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPT PAULUS, THOMAS J 6610 JOANNA CIRCLE FT. MYERS FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14220 Royal Harbor Ct. #707 Ft. Myers, FL 33908 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV PAULUS, SUSAN 6610 JOANNA CIRCLE FT MYERS FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14220 Royal Harbor Ct. #707 Ft. Myers, FL 33908 ☒ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **2-17-03** **239-936-8996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)