

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004228

1. Entity Name

MERLIN EXPRESS, INC.

Principal Place of Business

P.O. BOX 790490
SAN ANTONIO TX 78279-0490

Mailing Address

P.O. BOX 790490
SAN ANTONIO TX 78284-4401

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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.

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, 2000 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	C	<input type="checkbox"/> Delete
NAME	ALBERT, CARL	
STREET ADDRESS	10823 NE ENTRANCE	
CITY-ST-ZIP	SAN ANTONIO TX 78216	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, JAMES A	
STREET ADDRESS	10823 NE ENTRANCE	
CITY-ST-ZIP	SAN ANTONIO TX 78216	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHAW, SCOTT A	
STREET ADDRESS	10823 NE ENTRANCE	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROBERTS, KYLE	
STREET ADDRESS	10823 NE ENTRANCE	
CITY-ST-ZIP	SAN ANTONIO TX 78216	
TITLE	V	<input type="checkbox"/> Delete
NAME	KISSLING, BRUCE	
STREET ADDRESS	10823 NE ENTRANCE	
CITY-ST-ZIP	SAN ANTONIO TX 78216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald F. Todd	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Rose	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/00

Date

(20) 824 9424 7263

Daytime Phone #

CR2E034 (9/99)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90088 050 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

74-2284689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required