FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jan 17, 2002 8:00 am Secretary of State DOCUMENT # F97000006714 1. Entity Name 01-17-2002 90042 005 \*\*\*150 00 MERCURY COMMUNICATIONS INDUSTRIES, INC. Principal Place of Business Mailing Address 3665 S. ORLANDO DR., #414 3665 S. ORLANDO DR., #414 707191 SANFORD FL 32773 SANFORD FL 32773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 06-1087679 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEWIS. CHARLES E Street Address (P.O. Box Number is Not Acceptable) 2917 WEST S.R. 434, STE. 131 LONGWOOD FL 32779 City 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, 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 FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F **CDPT** ☐ Delete TITLE ☐ Change ☐ Addition NAME CHERNESKY, ROBERT W NAME STREET ADDRESS **2615 ALENA PL.** STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change DVSC NAME NAME CHERNESKY, BARBARA STREET ADDRESS 2615 ALENA PL. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete Change ☐ Addition TITLE NAME GARCIA, JOSEPH F NAME STREET ADDRESS STREET ADDRESS 103 BAKER ST. CITY-ST-ZIP WESTHAVEN CT 06516 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ 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 CITY-ST-ZIP CITY-ST-7IP 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.

CREEDER W. CHEKNESKY