

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G11641

1. Entity Name

MERCEDITA MARINE, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90040 007 ***158.75

Principal Place of Business

363 ATLANTIC BLVD
 SUITE #3
 ATLANTIC BEACH FL 32233
 US

Mailing Address

P.O. DRAWER 1929
 DELRAY BEACH FL 33447-1929
 US

2. Principal Place of Business

151 Sawgrass Corners Dr.
 Suite, Apt. #, etc.
 202

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

4. FEI Number

59-2240282

Applied For

Not Applicable

Zip

32082

Country

St. Johns

Zip

Country

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

FERBER, PAUL S.
 363 ATLANTIC BLVD
 SUITE 33
 ATLANTIC BEACH FL 32233

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERBER, PAUL S.	
STREET ADDRESS	363 ATLANTIC BLVD, SUITE #3	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NEFF, CHARYLES Y	
STREET ADDRESS	2615 LANTANA ROAD, SUITE A	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, WILLIAM L	
STREET ADDRESS	E. 95 E. LINTON BLVD	
CITY-ST-ZIP	DELRAY BCH FL 33444	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	151 Sawgrass Corners Drive, #202
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2391 ALLEN COURT
STREET ADDRESS	Lantana FL 33462
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 247-2814

Daytime Phone #

CR2E034 (9/99)