

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90034 023 \*\*\*158.75

80049278



DO NOT WRITE IN THIS SPACE

**DOCUMENT # G11641**

1. Entity Name  
**MERCEDITA MARINE, INC.**

Principal Place of Business  
**151 SAWGRASS CORNERS DRIVE  
 SUITE #202  
 PONTE VEDRA BEACH FL 32082  
 US**

Mailing Address  
**151 SAWGRASS CORNERS DRIVE  
 SUITE #202  
 PONTE VEDRA BEACH FL 32082  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2240282**

Applied For  
 Not Applicable

Zip

Country

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 **Paul S. Ferber**  
 Street Address (P.O. Box Number is Not Acceptable)  
**151 Sawgrass Corners Dr.  
 Suite 202  
 Ponte Vedra Beach FL 32082**

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 **Paul S. Ferber**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4-30-01**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>FERBER, PAUL S.<br/>151 SAWGRASS CORNERS DRIVE #202<br/>PONTE VEDRA BEACH FL 32082</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>STD<br/>NEFF, CHARYLES Y<br/>2391 ALLEN COURT<br/>LANTAN FL 33462</b>                         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>WALLACE, WILLIAM L<br/>E. 95 E. LINTON BLVD<br/>DELRAY BCH FL 33444</b>                 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                  | <input type="checkbox"/> Delete |

|                                                                               |                                                                              |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>STD<br/>Neff, Charles Y.<br/>3340 Ridge Lane<br/>Boynton Bch, FL 33435</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>D<br/>William L. Wallace<br/>3801 SE Federal Hwy<br/>Stuart, FL 34997</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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

DATE

Daytime Phone #

CR2E034 (10/00)