2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G55952

602 NW 106 AVENUE

Principal Place of Business

Mailing Address

PLANTATION FL 33324

602 NW 106 AVENUE PLANTATION FL 33324-1045

FILED Jan 22, 2000 8:00 am Secretary of State 01-22-2000 90022 016 ***150.00 1. Entity Name MERRICK REALTY CORP.

CONCENTRAL CORT RATE COME COME CONTRACTOR CONTRACTOR STORY CORT CONTRACTOR CO

Suite. Act. #, etc. Suite. Act. #, etc. Suite. Sui	2. Principal P	lace of Busin	ess	3. Mailing Address			_					
Zip Country Zip Country 5. Certificate of Status Desired Agent Name Address of New Registered Agent Name Name MERRICK, DAVID W. 622 N.W. 106 AVENUE PLANTATION FL 33324 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 Signata, toward or private area of equivales sport exit test displayable to Particular Plantation is eligible to satisfy its Initiangible Task fling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 This corporation is eligible to satisfy its Initiangible Task fling requirement and elects to do so. Make Check Payable to Department of State 1. CFFCERS AND DIRECTORS 12. ADD/FIONS/CHANGES TO OFFCERS AND DIRECTORS IN 11 THE MAY 1, 2000 Fee will be \$550.00 MRERICK, DAVID W. GOZ NW. 106 AVENUE STRET ADDRESS OFT-ST-2P PLANTATION FL STRET ADDRESS OFT-ST-2P Delete TILE Delete TILE Delete TILE MAKE SIRRET ADDRESS OFT-ST-2P Delete TILE MAKE SIRRET ADDRESS OFT-ST-2P Delete TILE MAKE SIRRET ADDRESS OFT-ST-2P Delete TILE MAKE SIRRET ADDRESS OFT-ST-2P Delete TILE MAKE SIRRET ADDRESS OFT-ST-2P Delete TILE MAKE SIRRET ADDRESS OFT-ST-2P Delete TILE MAKE SIRRET ADDRESS OFT-ST-2P Delete SIRRET ADDRES	Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
S. Certificate States (February February	City & State			City & State			4.	FEI Number 59-2322972				
MERRICK, DAVID W. 602 N.W. 106 AVENUE PLANTATION FL 33324 City FL Cit	Zip Country Zip					Country		Certificate of Status Desired		\$8.75 Addi	itional	
MERRICK, DAVID W. 602 N.W. 106 AVENUE PLANTATION FL 33324 City FL Zip Codo City FL Zip Codo City FL Zip Codo 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 9. This corporation is eligible to satisfy its intangible Task fling requirement and elects to do so After MAY 1, 2000 Fee will be \$50.00 in the State of Florida. FILE HOW!! FEE IS \$150.00		6. Name	and Address of Current Re	gistered Agent			7.	Name and Address of New Re	jistered	Agent		
BOOL N.W. 106 AVENUE PLANTATION FL 33324 City FL Zip Code Signature 9. This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 11 TITLE MERRICK, DAVID W. STREET ADDRESS GIVT 51-2P Detels STORY 1 ADDRESS GIVT 51-2P Detels TITLE MAKE STREET ADDRESS GIVT 51-2P TITL						Name						
8. The above named entity submits this statement for the purpose of changing lits registored office or registered agent, or both, in the State of Florida. SIGNATURE Signature, toped or printed name of registered agent and tile if tipolicable. (NOTE: Preprinted Apert agrature reasonal wear invindence) 9. This corporation is eligible to satisfy its Initingible Tax illing requirement and elects to do so Make Check Payable to Department of State Signature, toped or printed name of registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Initingible Tax illing requirement and elects to do so Make Check Payable to Department of State Signature, toped or printed name of registered agent, or both, in the State of Florida. Signature, toped or printed name of registered agent, or both, in the State of Florida. Signature, toped or printed name of registered agent, or both, in the State of Florida. Signature, toped or printed name of registered agent, or both, in the State of Florida. Signature, toped or printed name of registered agent, or both, in the State of Florida. Signature registered agent, or both, in the State of Florida. Signature registered agent, or both, in the State of Florida. Signature registered agent, or both, in the State of Florida. Signature registered agent, or both, in the State of Florida. Signature registered agent, or both, in the State of Florida. Signature registered agent, or both, in the State of Florida. Signature registered agent, or both, in the State of Florida. Signature registered agent, or both, in the State of Florida. Signature register of State State of State State of State State of Florida. Signature registered agent, or both, in the State of Florida. Signature registered agent, or both in the proper of State State of State of State o	602 N.W. 106 AVENUE					Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE Signolute, typed or printed name of registated egent and lite if applicable (NOTE: Registated Apert signature required when reinstalling) DATE						City FL Zip Code						
SIGNATURE Signolute, typed or printed name of registated egent and lite if applicable (NOTE: Registated Apert signature required when reinstalling) DATE	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.											
9. This corporation is eligible to splated apent and elects to do so (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE Check Payable to Department of State 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE Change in Financing in Trust Fund Contribution. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE Change in Financing in Trust Fund Contribution. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE I	• The above framed entity submitte this statement for the purpose of ortanging the registered office or registered digent, or being in the entitle or residue.											
9. This corporation is eligible to splated apent and elects to do so (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE Check Payable to Department of State 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE Change in Financing in Trust Fund Contribution. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE Change in Financing in Trust Fund Contribution. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE I												
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added fees Added	SIGNATURE .	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	: Registered A	gent signature requ	jired when r	reinstating)	DATE			
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added fees Added			914 27911 91	TU E NOW!	II CEE IC	. 6450.00		T				
Make Check Payable to Department of State	To fill a variety of control and close to do co											
TITLE NAME STRET ADDRESS GOZ N.W. 106 AVENUE PLANTATION FL TITLE NAME STRET ADDRESS GOZ N.W. 106 AVENUE PLANTATION FL TITLE NAME STRET ADDRESS GOZ N.W. 106 AVENUE PLANTATION FL TITLE NAME STRET ADDRESS GOZ N.W. 106 AVENUE PLANTATION FL TITLE NAME STRET ADDRESS GOZ N.W. 106 AVENUE PLANTATION FL TITLE NAME STRET ADDRESS GOZ N.W. 106 AVENUE PLANTATON FL TITLE NAME STRET ADDRESS GOZ N.W. 106 AVENUE PLANTATON FL TITLE NAME STRET ADDRESS GOZ N.W. 106 AVENUE PLANTATON FL TITLE NAME STRET ADDRESS GOZ N.W. 106 AVENUE PLANTATON FL TITLE NAME STRET ADDRESS GOZ N.W. 106 AVENUE STR											to Fees	
TITLE NAME NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM			OCCIOEDS AND DI	I				DOITIONS/CHANGES TO OFFIC	ERS AN	DIRECTORS	IN 11	
MERRICK, DAVID W. 602 N.W. 106 AVENUE PLANTATION FL ST TITLE NAME STREET ADDRESS CITY-ST-ZIP MERRICK, JANICE L. 602 N.W. 106 AVENUE PLANTATION FL MERRICK, JANICE L. 602 N.W. 106 AVENUE PLANTATION FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP		D	OFFICENS AND DI					BBITTO: NO/OTIANGEO TO OTT TO	<u> Crio</u> / ii ii			
STREET ADDRESS CITY-ST-ZIP ST			DAMD W	☐ Delete						L_ Onlingo		
CITY-ST-ZIP PLANTATION FL ST CITY-ST-ZIP ST CITY-ST-ZIP CITY-ST-ZI		•				ADDRESS						
TITLE NAME STREET ADDRESS CITY- ST- ZIP NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP		:				1						
MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP						+					☐ Addition	
STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP										Onlings		
CITY-S1-ZIP PLANTAITON FL CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP						ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						1						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		FLANIAI	ION I'L							Change 1	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						-				onange		
CITY-ST-ZIP						ADDRESS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·					1						
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP					-				·		☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP				□ Delete								
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						ADDRESS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP				,	CITY-S	T-ZiP						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			<u>-</u>		TITLE		 _			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP				□ Delete							—	
CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP						ADDRESS						
TITLE					CITY-S	T-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP		 		□ Doloto	TITLE					Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP				₩ D¢iete						_ •	_	
CITY-ST-ZIP . CITY-ST-ZIP						ADDRESS						
						ı						
		Portify that th	e information supplied with the	ols filing does not qualify for	the exem	ntion stated in	Section	119 07(3)(i), Florida Statutes I	urther or	ertify that the in	formation	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR