

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G89127

1. Entity Name

THE WEALTH MERCHANT, INC.

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

04-26-2000 90065 021 ***150.00

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 16956 SOUTH MCGREGON BOULEVARD FT. MYERS FL 33908 US | P.O. BOX 61036 FT. MYERS FL 33906-1036 US |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | | | |
|--------------|--------------|---------------|------------|----------------------------------|---|
| City & State | City & State | 4. FEI Number | 59-2568690 | Applied For | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~MYERS, TOMMY~~
16950 SOUTH MCGREGON BOULEVARD
FT. MYERS FL 33908

7. Name and Address of New Registered Agent

Name Tommy Myers

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] Tommy Myers PT 04/24/2000

Signature, typed or printed name of registered agent and the date (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 | PT | <input type="checkbox"/> Delete |
| NAME | MYERS, TOMMY W | |
| STREET ADDRESS | 16956 SOUTH MCGREGON BOULEVARD | |
| CITY-ST-ZIP | FORT MYERS FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MYERS, SALLY L | |
| STREET ADDRESS | 16956 SOUTH MCGREGON BOULEVARD | |
| CITY-ST-ZIP | FORT MYERS FL | |
| 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 | | |

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 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] Tommy Myers PT 04/24/2000 941-936-8747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)