2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90086 033 ***150.00

DOCUMENT # H06693

1. Entity Name

MERRILL R. SWARTZ, INC.

Principal Place of Business	Mailing Address
~~652 LITTLE WEKIVA ROAD~~ ~~ALTAMONTE SPRINGS FL 32714~~	~~652 LITTLE WEKIVA ROAD~~ ~~ALTAMONTE SPRINGS FL 32765-7109~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2207 WEMBLEY PLACE	2207 WEMBLEY PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OVIEDO FL	City & State: OVIEDO FL
Zip: 32765 Country: Seminole	Zip: 32765 Country: Seminole

4. FEI Number 59-2417652 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWARTZ, MERRILL R.
652 LITTLE WEKIVA ROAD
ALTAMONTE SPRINGS FL 32714

NEW ADDRESS →

7. Name and Address of New Registered Agent

Name: SAME NAME
Street Address (P.O. Box Number is Not Acceptable): 2207 WEMBLEY PLACE
City: OVIEDO FL Zip Code: 32765

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: MERRILL R. SWARTZ [signature] DATE: 1-10-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP SWARTZ, MERRILL R. ~~652 LITTLE WEKIVA ROAD~~ ~~ALTAMONTE SPRINGS FL~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2207 WEMBLEY PLACE OVIEDO, FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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] Date: 1-10-00 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR