

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90076 039 ***150.00

DOCUMENT # H11135

1. Entity Name
MERRIMAC SERVICES INC.

Principal Place of Business

**1402 E. LAS OLAS
SUITE 555
FT. LAUDERDALE FL 33301**

Mailing Address

**1314 E LAS OLAS
SUITE 555
FT. LAUDERDALE FL 33301
US**

2. Principal Place of Business

1314 E. LAS OLAS #555
Suite, Apt. #, etc.
555

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

Zip

Country

33301

USA

Zip

Country

4. FEI Number **59-2297206**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCALLISTER, STEVE
1402 E. LAS OLAS
SUITE 555
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

STEVE MCALLISTER

Street Address (P.O. Box Number is Not Acceptable)

1314 E. LAS OLAS SUITE 555

City

FT. LAUDERDALE

FL

Zip Code

33301

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

Steve McAllister
Signature, typed or printed name of registered agent and title if applicable.

STEVE MCALLISTER
(NOTE: Registered Agent signature required when reinstating)

1-15-01

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, 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

TITLE **PSD** ☐ Delete
NAME **SALIA, LISA K.**
STREET ADDRESS **1402 E LAS OLAS #555**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VTD** ☐ Delete
NAME **MCALLISTER, STEVE**
STREET ADDRESS **1402 E LAS OLAS #555**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
NAME **SALIA, LISA K.**
STREET ADDRESS **1314 E. LAS OLAS #555**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE **VTD** ☒ Change ☐ Addition
NAME **MCALLISTER, STEVE**
STREET ADDRESS **1314 E. LAS OLAS #555**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Steve McAllister
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE MCALLISTER
Date

1-15-01
Date

954-270-0000
Daytime Phone #

CR2E034 (10/00)