

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91185 010 ***158.75

DOCUMENT # H47530

1. Entity Name
RICHARD C. MAERZ, INC.



Principal Place of Business
**8475 SE PALM ST
HOBE SOUND FL 33455**

Mailing Address
**13275 N INDIAN RIVER DR
SEBASTIAN FL 32958**

2. Principal Place of Business
13275 N INDIAN RIVER DR

3. Mailing Address
PO BOX 99

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SEBASTIAN

City & State
ROSELAND

4. FEI Number **59-2541548**

Applied For
Not Applicable

Zip
32958

Country
INDIAN RIVER

Zip
32957-0099

Country
INDIAN RIVER

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

**BODEM, LOREN E.
815 COLORADO AVE
SUITE 305
STUART FL 33494**

Name
DEBRA MAERZ
Street Address (P.O. Box Number is Not Acceptable)
13275 N INDIAN RIVER DR
City
SEBASTIAN FL Zip Code
32958

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Debra Anne Maerz*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/16/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MAERZ, RICHARD C.**
STREET ADDRESS **13275 N INDIAN RIVER DR**
CITY-ST-ZIP **SEBASTIAN FL 32958**

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

TITLE **V** ☐ Delete
NAME **SCALA, VINCENT R. (SR.)**
STREET ADDRESS **510 BURNING TREE CIRCLE**
CITY-ST-ZIP **STUART FL**

TITLE **V** ☒ Change ☐ Addition
NAME **VINCENT R SCALA**
STREET ADDRESS **798 COSSAMER WING WAY**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **TS** ☐ Delete
NAME **MAERZ, DEBRA-ANNE**
STREET ADDRESS **13275 N INDIAN RIVER DR**
CITY-ST-ZIP **SEBASTIAN FL 32958**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Debra Anne Maerz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03 **772-581-0494**
Date Daytime Phone #

CR2E034 (10/02)