

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90069 021 \*\*\*150.00

**DOCUMENT # H88393**

1. Entity Name  
**MERCURY ED INC.**

Principal Place of Business Mailing Address  
~~126-2 TOMAHAWK-DRIVE~~ delete ~~-126-2 TOMAHAWK-DRIVE-~~ delete  
 INDIAN HARBOUR BEACH FL 32937 INDIAN HARBOUR BEACH FL 32937

2. Principal Place of Business 3. Mailing Address  
**132-C Tomahawk Drive** **132-C Tomahawk Drive**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Indian Harbour Beach FL** **Indian Harbour Beach FL**

Zip Country Zip Country  
**32937 US** **32937 US**

4. FEI Number **59-2581805** Applied For  
 Not Applicable

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

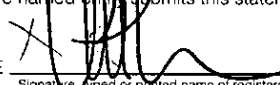
## 6. Name and Address of Current Registered Agent

~~CARONIA, EDWARD~~ deceased  
~~126-2 TOMAHAWK-DRIVE~~  
~~INDIAN HARBOUR BEACH FL 32937~~

## 7. Name and Address of New Registered Agent

Name **ANTOINETTE CARONIA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**132-C TOMAHAWK DRIVE**  
 City **INDIAN HARBOUR BEACH FL** Zip Code **32937**

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  **Antoinette Caronia** **1-10-02**  
Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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 **PD** ☒ Delete  
 NAME ~~CARONIA, EDWARD F.~~ delete  
 STREET ADDRESS ~~126-2 TOMAHAWK-DRIVE~~  
 CITY-ST-ZIP ~~INDIAN HARBOUR BCH, F~~

TITLE **S** ☐ Delete  
 NAME **CARONIA, ANTOINETTE**  
 STREET ADDRESS ~~126-2 TOMAHAWK-DRIVE~~ change  
 CITY-ST-ZIP ~~INDIAN HARBOUR BCH, F~~

TITLE **D** ☐ Delete  
 NAME **ROANE, MICHAEL**  
 STREET ADDRESS **1285 CYPRESS TRACE DRIVE**  
 CITY-ST-ZIP **MELBOURNE 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **XX** Change ☐ Addition  
 NAME  
 STREET ADDRESS **132-C Tomahawk Drive**  
 CITY-ST-ZIP **Indian Harbour Beach FL 32937**

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:  **SIGNATURE REQUIRED**

**1-10-02**

**Antoinette Caronia**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)