

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H94012

1. Entity Name

MERSUE, INC.

Principal Place of Business

C/O SUSAN SCOTT
1615 BARCELONA WAY
WINTER PARK FL 32789

Mailing Address

C/O SUSAN SCOTT
1615 BARCELONA WAY
WINTER PARK FL 32789-5614

2. Principal Place of Business

3407 E. OSCEOLA RD.

3. Mailing Address

250 INTERNATIONAL PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 226

City & State

GENEVA, FL

City & State

HEATHROW, FL

4. FEI Number

59-2635869

Applied For

Not Applicable

Zip

32732

Country

SEMINOLE

Zip

32746

Country

SEMINOLE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, MEREDITH L.
1615 BARCELONA WAY
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name
N. Dwayne Gray

Street Address (P.O. Box Number is Not Acceptable)
Greenspoon, Marder, Hirschfeld Rafkin Ross & Berger

135 West Central Blvd., Suite 1100

City
Orlando,

FL

Zip Code
32801

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
SCOTT, MEREDITH L.
1615 BARCELONA WAY
WINTER PARK FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCOTT, MEREDITH L.
1615 BARCELONA WAY
WINTER PARK FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCOTT, SUSAN
1615 BARCELONA WAY
WINTER PARK FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~VICE PRESIDENT~~ PRES./ D
GILARDI, MICHAEL M.
3407 E. OSCEOLA RD.
GENEVA, FL 32732 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~VICE PRESIDENT~~ U.P./ D.
GRAY, N. GRAY
1661 CHEYENNE TRAIL
MAITLAND, FL 32751 ☒ Change ☐ Addition

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-2000

407-425-6559



DO NOT WRITE IN THIS SPACE