

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90224 034 ***150.00

DOCUMENT # J09545

1. Entity Name
MERCHANTS SECURITY EXCHANGE, INC.



Principal Place of Business
**134 SOUTH TAMPA STREET
TAMPA FL 33602-5354
US**

Mailing Address
**134 SOUTH TAMPA STREET
TAMPA FL 33602-5354
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0356700**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWIRBUL, RICHARD C.
134 SOUTH TAMPA STREET
TAMPA FL 33602**

Name **RODRIGUEZ, PETER**

Street Address (P.O. Box Number is Not Acceptable)
134 SOUTH TAMPA STREET

City **TAMPA**

FL

Zip Code
33602

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.

**PETER RODRIGUEZ, JR.
PRESIDENT**

1/24/03

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

(NOTE: Registered Agent signature required when reinstating)

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 ☒ Delete
NAME **DP SWIRBUL, RICHARD**
STREET ADDRESS **134 S TAMPA ST**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☒ Addition
NAME **RODRIGUEZ, PETER**
STREET ADDRESS **134 SOUTH TAMPA STREET**
CITY-ST-ZIP **TAMPA, FL**

TITLE ☐ Delete
NAME **D BOOS, ROBERT**
STREET ADDRESS **19321-C US HWY 19 NORTH**
CITY-ST-ZIP **CLEARWATER FL**

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

TITLE ☒ Delete
NAME **VP ANDERSON, JOE**
STREET ADDRESS **20401 NW 2ND AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☒ Addition
NAME **VP KRONE, ROBERT**
STREET ADDRESS **134 SOUTH TAMPA STREET**
CITY-ST-ZIP **TAMPA, FL**

TITLE ☐ Delete
NAME **T MCMULLEN, JOHN S**
STREET ADDRESS **134 S TAMPA ST**
CITY-ST-ZIP **TAMPA FL**

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

TITLE ☐ Delete
NAME **S MEADOR, CAROL JO**
STREET ADDRESS **134 S TAMPA**
CITY-ST-ZIP **TAMPA FL**

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

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 another like empowered.

SIGNATURE:

**PETER RODRIGUEZ, JR.
PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03
Date

813 275-7705
Daytime Phone #

CR2E034 (10/02)