

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J88130

1. Entity Name

MERRILL PROPERTIES, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90030 037 ***150.00

Principal Place of Business

2522 HILLVIEW ST.
SARASOTA FL 34239

Mailing Address

2522 HILLVIEW ST.
SARASOTA FL 34239

2. Principal Place of Business

514 Meadow Sweet Cir

Suite, Apt. #, etc.

3. Mailing Address

514 Meadow Sweet Cir

Suite, Apt. #, etc.

City & State

Osprey, FL

Zip

34229

Country

US

City & State

Osprey, FL

Zip

34229

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0005767

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERRILL, DAVID E.
2522 HILLVIEW STREET
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name

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

557 Meadow Sweet Circle

City

Osprey

FL

Zip Code

34229

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

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 DPT
NAME MERRILL, ROBERT W.
STREET ADDRESS 2522 HILLVIEW STREET
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE DVS
NAME MERRILL, DAVID E
STREET ADDRESS 2522 HILLVIEW STREET
CITY-ST-ZIP SARASOTA 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Robert Merrill

Robert Merrill

4/10/01

(941) 918-4311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0414762

CR2E034 (10/00)