2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 18, 2002 8:00 am Secretary of State J88130 DOCUMENT # 1. Entity Name 04-18-2002 90485 044 ***150 00 MERRILL PROPERTIES, INC. Principal Place of Business Mailing Address 514 MEADOW SWEET CIR 514 MEADOW SWEET CIR OSPREY FL 34229 OSPREY FL 34229 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0005767 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent ---- 6.-Name and Address of Current Registered Agent MERRILL, DAVID E. 557 MEADOW SWEET CIRCLE 4201 Miriana Way OSPREY FL 34229 Sarasota, FL 34233 Street Address (P.O. Box Number is Not Acceptable) Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE Delete TITLE NAME 514 Meadow Sweet Cir Osprey, FL 34229 MERRILL, ROBERT W. STREET ADDRESS STREET ADDRESS 2522 HILLVIEW STREET CITY-ST-7/P CITY-ST-ZIP SARASOTA FL ☐ Addition ☐ Delete TITLE TITLE 4201 Miriana Way Sarasota FL 34233 NAME NAME merrill, david e STREET ADDRESS STREET ADDRESS 2522 HILLVIEW STREET CITY-ST-ZIP CITY-ST-7IP sarasota fl Change ☐ Addition ⁻ ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED