

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90048 024 ***150.00

DOCUMENT # J88737

1. Entity Name

MERLIN INVESTORS, INC.

Principal Place of Business

Mailing Address

4500 BELVEDERE ROAD
 #A
 WEST PALM BEACH FL 33415
 US

4500 BELVEDERE ROAD
 #A
 WEST PALM BEACH FL 33415
 US

2. Principal Place of Business

3. Mailing Address

4201 Westgate Ave #1

4201 Westgate Ave #A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

West Palm Bch, FL

West Palm Bch, FL

City & State

City & State

Zip
33409

Country
Palm Bch

Zip
33409

Country
Palm Bch



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2836095

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMPSON, CORINNE A
17411 40 RUN NORTH
LOXAHATCHEE FL 33470

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 0
SIMPSON, CORINNE
17411 40 RUN NORTH
LOXAHATCHEE FL 33470

TITLE
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☐ 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 #

4-3-01 561-615-0900

CR2E034 (10/00)