

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90155 033 \*\*\*158.75

**DOCUMENT # K45525**

1. Entity Name  
**MERKLE & MAGRI, P.A.**



Principal Place of Business  
**5510 W LASALLE STREET  
THIRD FLOOR  
TAMPA FL 33607-1462  
US**

Mailing Address  
**5510 W LASALLE STREET  
THIRD FLOOR  
TAMPA FL 33607-1462  
US**

2. Principal Place of Business  
**550 N. Reo Street  
Suite, Apt. #, etc.  
Suite 301**

3. Mailing Address  
**550 N. Reo Street  
Suite, Apt. #, etc.  
Suite 301**

City & State  
**Tampa, Florida**

City & State  
**Tampa, Florida**

Zip Country  
**33609 Hillsborough**

Zip Country  
**33609 Hillsborough**

4. FEI Number **59-2918613**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**MERKLE, ROBERT W.  
5510 W LASALLE STREET  
THIRD FLOOR  
TAMPA FL 33607**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**550 N. Reo Street, Suite 301**  
City **Tampa** FL Zip Code **33609**

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.

SIGNATURE **Robert W. Merkle**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/10/03**

**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**

|                                                |                                                                                      |                                 |
|------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>MERKLE, ROBERT W.<br/>5510 W LASALLE STREET, THIRD FLOOR<br/>TAMPA FL</b>  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>MAGRI, JOSEPH D.<br/>5510 W LASALLE STREET, THIRD FLOOR<br/>TAMPA FL</b>   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>MEYTHALER, WARD A.<br/>5510 W LASALLE STREET, THIRD FLOOR<br/>TAMPA FL</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                      | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                                                |                                                         |                                                                   |
|------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>550 N. Reo Street, Suite 301<br/>Tampa, FL 33609</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>550 N. Reo Street, Suite 301<br/>Tampa, FL 33609</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>550 N. Reo Street, Suite 301<br/>Tampa, FL 33609</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 all other like empowered.

SIGNATURE: **Robert W. Merkle**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/03**  
Date

Daytime Phone #

CR2E034 (10/02)