

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L16452

1. Entity Name
MERIT REAL ESTATE COMPANY

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90051 030 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
9200 PARK BLVD
STE 404
LARGO FL 33777-4136
US

Mailing Address
9200 PARK BLVD
STE 404
LARGO FL 33777-4136
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2971301**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BERMAN, CAROL ANN
9200 PARK BLVD., STE 404
SEMINOLE FL 33777-4136

Name

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

City

Largo

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
DS
BERMAN, CAROL ANN
9200 PARK BLVD, STE. 404
SEMINOLE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BERMAN, LARRY W
9200 PARK BLVD., STE 404
SEMINOLE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
JOHNSON, JR. J
9200 PARK BLVD, STE. 404
SEMINOLE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
JOHNSON, COLLEEN M
9200 PARK BLVD STE 404
SEMINOLE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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)(1), 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:

John W Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2001

727-319-0604

Date

Daytime Phone #

CR2E034 (10/00)