

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90435 025 \*\*\*150.00

**DOCUMENT # L73508**

1. Entity Name  
**MERCURY TECHNOLOGY SERVICES, INC.**



Principal Place of Business  
**6699 1/2 90 AVE N  
PINELLAS PARK FL 33782**

Mailing Address  
**6699 1/2 90 AVE N  
PINELLAS PARK FL 33782  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3016970**

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

7. Name and Address of New Registered Agent

**NORTHROP, MARGARET  
6699 1/2 90TH AVENUE NORTH  
PINELLAS PARK FL 33782**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
ALFORD, DALE F., JR.  
196 20TH STREET, S.E.  
LARGO FL 33771** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
NORTHROP, MARGARET E.  
873 VILLAGE WAY  
PALM HARBOR FL 34683** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
ALFORD, LANCE Q  
1741 S WINFIELD RD  
CLEARWATER FL 33756** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**-934 DeVille Drive East  
Largo, FL 33771**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
DUNBAR, WILLIAM M  
13809 EDISON AVE.  
CLEARWATER FL 33756** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
DUNBAR, WILLIAM M  
13809 N EDISON AVENUE  
TAMPA FL 33613** ☒ Delete  
**duplicate  
entry**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
**Director  
Richard N. Boisvert  
2774 Valencia Lane West  
Palm Harbor, FL 34684**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CAPURO, ROBERT S  
14539 WEEPING ELM DRIVE  
TAMPA FL 33626** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/2003**

**727-497-9757**

Date

Daytime Phone #

CR2E034 (10/02)