

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90096 008 \*\*\*150.00

SECRET

**DOCUMENT # L99982**  
 1. Entity Name  
**VICKI M. MERRICK, D.C., P.A.**

Principal Place of Business <b>1155 MALABAR RD. N.E. STE. #5 PALM BAY FL 32907 US</b>	Mailing Address <b>P O BOX 100246 PALM BAY FL 32910-246 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1326 MALABAR RD SE</b>	3. Mailing Address
Suite, Apt. #, etc. <b>STE. #5</b>	Suite, Apt. #, etc.

City & State <b>PALM BAY FL</b>	City & State	4. FEI Number <b>59-3028323</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32907</b>	Country <b>US</b>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**MERRICK, VICKI M.  
 1155 MALABAR RD NE  
 SUITE 5  
 PALM BAY FL 32907**

7. Name and Address of New Registered Agent  
 Name **VICKI M MERRICK**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1326 MALABAR RD SE**  
**SUITE 5**  
 City **PALM BAY** FL Zip Code **32907**

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 *Vicki M Merrick* DATE **020402**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$350.00**  
**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		<input type="checkbox"/> Delete
TITLE <b>PD</b>	NAME <b>MERRICK, VICKI M.</b>	<input type="checkbox"/>
STREET ADDRESS <b>1155 MALABAR RD NE., STE 5</b>		
CITY-ST-ZIP <b>PALM BAY FL</b>		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS <b>1326 MALABAR RD., SE STE 5</b>			
CITY-ST-ZIP <b>PALM BAY FL 32907</b>			
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Vicki M Merrick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

020402 321 952 7004  
Date Daytime Phone #

CR2E034 (9/01)