

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0031041 AB

DOCUMENT # M99000000830

1. Entity Name
MERCER GLOBAL SECURITIES, LLC

01 APR 23 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1801 EAST CABRILLO BLVD.
SANTA BARBARA CA 93108

Mailing Address
1801 EAST CABRILLO BLVD.
SANTA BARBARA CA 93108



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 77-0425821

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEPZINSKI, MARK
4200 W. CYPRESS ST., SUITE 479
TAMPA FL 33607

Name Kibbe, Ron

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

(NOTE: Registered Agent signature required when re-stating)

4/16/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

700004137767--5
-05/07/01--01014--009
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM
DONGIEUX, GENE L JR.
STREET ADDRESS 1801 EAST CABRILLO BLVD.
CITY-ST-ZIP SANTA BARBARA CA 93108 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(805) 565-1681

CR2E083 (11/00)