

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2002 8:00 am**
Secretary of State

02-01-2002 90068 020 ****61.25

DOCUMENT # N94000002384

1. Entity Name

MERRITT ISLAND PROJECT GRADUATION, INC.

Principal Place of Business

**100 MUSTANG WAY
MERRITT ISLAND FL 32953**

Mailing Address

**100 MUSTANG WAY
MERRITT ISLAND FL 32953**

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

59-3243855

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****BEAL, SHEILA
555 BELLA CAPRI DRIVE
MERRITT ISLAND FL 32952****7. Name and Address of New Registered Agent**

Name

Beverly Myrick

Street Address (P.O. Box Numbers Not Acceptable)

1475 Newfound Harbor Dr.

City

Merritt Island**FL**

Zip Code

32952

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/02**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEAL, SHEILA	
STREET ADDRESS	555 BELLA CAPRI	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DANIELS, JANET	
STREET ADDRESS	555 BELLA CAPRI	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HORII, IRENE	
STREET ADDRESS	580 HIDDEN CREEK	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAFFER, JANET H	
STREET ADDRESS	486 FALMOUTH AVE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beverly Myrick, P	
STREET ADDRESS	1475 Newfound Harbor Dr.	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jane Baxter, T	
STREET ADDRESS	1225 S. Courtenay Pkwy	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Denise Schwarz	
STREET ADDRESS	1220 Daniel Ct.	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevan Clark	
STREET ADDRESS	588 Hidden Hollow Dr.	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/02**(321)
453-6078**

CR2E037 (9/01)