

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90009 031 ***150.00

DOCUMENT # P00000023474

1. Entity Name

MERKERSON ASSOCIATES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4915 DAYMEADOWS RD.
Suite, Apt. #, etc. 12A

3. Mailing Address

P.O. Box 56466
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

4. FEI Number
593636965

Applied For

Not Applicable

Zip 32217 **Country** USA

Zip 32241 **Country** USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name HOWARD A. CADLAN

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

3900 ATLANTIC BLVD

City JACKSONVILLE

FL

Zip Code 32207

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

John D. Merkersen

(NOTE: Registered Agent signature required when reinstating)

4/30/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE JOHN D. MERKERSON D/ST
NAME
STREET ADDRESS P.O. Box 56466/JACKSONVILLE FL
CITY - ST - ZIP 32241

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN D. MERKERSON

Date

4/30/02

Daytime Phone #

CR2E0348 (12/01)