

2001 UNIFORM BUSINESS REPORT (UBR)

5/10

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-10-2001 90066 042 ***150.00

DOCUMENT # P00000038740

1. Entity Name
MERGE LEFT, INC.



Principal Place of Business
530 E TALL OAKS DRIVE
PALM BEACH GARDENS FL 33410

Mailing Address
530 E TALL OAKS DRIVE
PALM BEACH GARDENS FL 33410

2. Principal Place of Business
215 Arlington Rd.
 Suite, Apt. #, etc.

3. Mailing Address
215 Arlington
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
x West Palm Beach
 Zip
x 33405
 Country
US

City & State
x West Palm Beach
 Zip
33405
 Country
US

4. FEI Number
65-1007161

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SCILEPPI, JANE POTTRATZ
530 E TALL OAKS DRIVE
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name
x Donald POTTRATZ
 Street Address (P.O. Box Number is Not Acceptable)
x 215 Arlington Rd.
 City
West Palm Beach FL Zip Code
33405

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 **Donald Dore Pottratz II** **Donald Dore POTTRATZ II Pres.** **3/15/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 Fee will be \$550.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	POTTRATZ, DONALD DORE II	
STREET ADDRESS	530 E TALL OAKS DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: **Donald Dore Pottratz II** **Donald Dore POTTRATZ II Pres.** **561 493 9228**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)