FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jan 21, 2002 8:00 am P00000115937 DOCUMENT # **Secretary of State** 1. Entity Name 01-21-2002 90050 033 \*\*\*150.00 MERRELL ELECTRIC CO. Principal Place of Business Mailing Address 1252 HENDERSON CREEK DR #18 1252 HENDERSON CREEK DR #18 NAPLES FL 34114 NAPLES FL 34114 2. Principal Place of Business 3. Mailing Address 362 Torrey Pines Pt 362 Torrey DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 45-1060646 Not Applicable Country Ollier Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent same MERRELL, RANDALL C JR Street Address (P.O. Box Number is Not Acceptable) 1252 HENDERSON CREEK DR #18 362 Torrey Pines Pt. NAPLES FL 34114 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 reinstating) Signature, typed or printed name of registere gent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. samo (9/01) ☐ Addition TITLE ☐ Delete TITLE same MERRELL, RANDALL C JR NAME NAME 362 Torrey Pines Pt. CR2E034 1252 HENDERSON CREEK DR #18 STREET ADDRESS STREET ADDRESS NAPLES FL 34114 CITY-ST-ZIP CITY-ST-7iP Naples, FL 34113 ☐ Addition TITLE DVST □ Delete TITLE MERRELL, MELISSA M NAME NAME 362 Torrey Pines Pt. 1252 HENDERSON CREEK DR. #18 STREFT ADDRESS STREET ADDRESS NAPLES FL 34114 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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