

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90108 037 ***150.00

DOCUMENT # P01000067107

1. Entity Name
MERCATUM, INC.



Principal Place of Business
**500 EGRET CIRCLE
SUITE 8510
DELRAY BEACH FL 33444**

Mailing Address
**500 EGRET CIRCLE
SUITE 8510
DELRAY BEACH FL 33444**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
02-0581970

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAIER, MAXIMILIAN A
500 EGRET CIRCLE
SUITE 8510
DELRAY BEACH FL 33444**

Name
CORINNA AUFFINGER

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

500 EGRET CIRCLE SUITE 8510

City
DELRAY BCH

FL

Zip Code
33444

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
RHEINSCHMIDT, KLAUS
500 EGRET CIRCLE, SUITE 8510
DELRAY BEACH FL 33444** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
AUFFINGER, CORINNA
500 EGRET CIRCLE, SUITE 8510
DELRAY BEACH FL 33444** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MAIER, MAXIMILIAN A
14828 ENCLAVE LAKES DRIVE
DELRAY BEACH FL 33444** ☒ Delete

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

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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 607, 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: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-03

Date

561-278-4939

Daytime Phone #

CR2E034 (10/02)