FILED
Jul 28, 2002 8:00 am
Secretary of State
07-04-2002 90562 021 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000106142

1. Entity Name:
Meric Enterprises inc. DBA Carla Shoes and accessories

- 39785

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9978-1 Baymeadows Rd	9978-1 Baymeadows Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Jacksonville FL	Jacksonville FL 32256
City & State: FL	City & State
Zip: 32256 Country: USA	Zip: 32256 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593756159 ☐ Applied For ☐ Not Applicable

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: John F. Kattman

Street Address (P.O. Box Number is Not Acceptable): 4069 Atlantic Boulevard

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: [signature] John Kattman 7/24/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required for name change) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Joanne Wilkins (President) 1712 montclair Covert Jacksonville FL 32259
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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] 6/25/02 904641-8447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
904646-1808