2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

P02000061957 DOCUMENT #

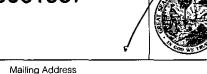
1. Entity Name

Principal Place of Business

2569 BAY POINTE DR.

WESTON FL 33327

MERIMAC OF FLORIDA, INC.



2569 BAY POINTE DR. WESTON FL 33327

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 02-0620883 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SARROW, JEFFREY A ESQ. Street Address (P.O. Box Number is Not Acceptable) 300 SOUTH PINE ISLAND RD., STE 304 PLANTATION FL 33324 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITYE ☐ Delete TITLE VEBERSKY, LAURA NAME NAME 2485 2485 PROVENCE CIRCLE STREET ADDRESS STREET ADDRESS 32327 CITY-ST-ZIP WESTON FL 33327 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME COHEN, MATTHEW NAME STREET ADDRESS STREET ADDRESS i698 12TH RD. CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33486 TITLE · ~ Delete -TITLE _ ____ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

FILED

Secretary of State

08-27-2003 90081 003 ***550.00

Aug 27, 2003 8:00 am

CR2E034 (10/02)