

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State
08-11-2003 90290 033 ***550.00

DOCUMENT # P02000081498

1. Entity Name
MERRILL AND PASTOR, ARCHITECTS, P.A.



Principal Place of Business
9300 NORTH A-1-A
SUITE 201 A
VERO BEACH FL 32963

Mailing Address
9300 NORTH A-1-A
SUITE 201 A
VERO BEACH FL 32963



2. Principal Place of Business
9300 NORTH A-1-A
Suite, Apt., #, etc.
Suite 201 A
City & State
Vero Beach, Florida
Zip
32963
Country
USA

3. Mailing Address
9300 North A-1-A
Suite, Apt., #, etc.
Suite 201 A
City & State
Vero Beach, Florida
Zip
32963
Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
33-1015465
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MERRILL, SCOTT
MERILL, SCOTT
9300 NORTH A-1-A
SUITE 201 A
VERO BEACH FL 32963

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MERRILL, SCOTT 9300 NORTH A-1-A, SUITE 201 A VERO BEACH FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PASTOR, GEORGE 9300 NORTH A-1-A, SUITE 201 A VERO BEACH FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLGAN, DAVID T 867 GREENWOOD AVE., SUITE B ATLANTA GA 30306	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 files empowered.

SIGNATURE: SIGNATURE OF MERRILL **8-8-03 772-388-1600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)