


# 2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-05-2003 90029 049 \*\*\*150.00

**DOCUMENT #** P02000092376

**1. Entity Name**  
MERRITT PRECISION TECHNOLOGIES, INC.



**Principal Place of Business**  
25 MCLEOD STREET  
MERRITT ISLAND FL 32953

**Mailing Address**  
25 MCLEOD STREET  
MERRITT ISLAND FL 32953



**2. Principal Place of Business**  
4075 Old Settlement Rd  
Suite, Apt. #, etc.

**3. Mailing Address**  
City & State  
Merritt Island, FL  
Zip  
32952  
Country  
USA

CHECK HERE IF MAKING CHANGES

13-5210794

**4. FEI Number**  
13-4210794

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

Applied For  
Not Applicable

**6. Name and Address of Current Registered Agent**  
MARKEY & FOWLER, P.A.  
25 MCLEOD STREET  
MERRITT ISLAND FL 32953

**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** \_\_\_\_\_  
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	D WGERIF, DANIEL 4075 OLD SETTLEMENT ROAD MERRITT ISLAND FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)