

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P26400

1. Entity Name

WANT ADS OF MERRITT ISLAND, INC.

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90049 036 \*\*\*150.00

Principal Place of Business

240 SOUTH COURTENAY PKWY  
MERRITT ISLAND FL 32952  
US

Mailing Address

PO BOX 1659  
DESTIN FL 32540  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2911627

Applied For  
Not Applicable

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

NRAI SERVICES, INC  
526 E. PARK AVE  
SUITE 105  
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD  
NAME EARLES, CHARLES E ☐ Delete  
STREET ADDRESS 20011 EMERALD COAST PKWY  
CITY-ST-ZIP DESTIN FL

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

TITLE PT  
NAME GREGORY, MARY ☐ Delete  
STREET ADDRESS 240 S COURTENAY PKWY.  
CITY-ST-ZIP MERRITT ISLAND FL

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

TITLE D  
NAME CHRISTENSEN, ROBERT L ☐ Delete  
STREET ADDRESS 20011 EMERALD COAST PARKWAY  
CITY-ST-ZIP DESTIN FL 32541

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

TITLE D  
NAME TREESE, HARRY S ☐ Delete  
STREET ADDRESS 3901 WEST WACO DRIVE  
CITY-ST-ZIP WACO TX 76710

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Kimberly Modlin Secretary ☐ Change ☒ Addition  
NAME 20011 Emerald Coast Pkwy  
STREET ADDRESS Destin, FL 32541  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition  
NAME Mary T. Christensen  
STREET ADDRESS 2406 Morning Star Ct.  
CITY-ST-ZIP Park City, UT 84060

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 Block 12 if changed, or on an attachment with an address, with all other like empower.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01

Date

850-837-8820

Daytime Phone #

CR2E034 (10/00)