

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90107 038 ***150.00

DOCUMENT # P40176

1. Entity Name

MERKUR MANAGEMENT INC.



Principal Place of Business

**25 S WASHINGTON DR
SARASOTA FL 34236
US**

Mailing Address

**25 S WASHINGTON DR
SARASOTA FL 34236
US**

30029412



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

38-2899800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RUSEN, HEIN
25 S WASHINGTON DRIVE
SARASOTA FL 34236**

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

TITILE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
HAVELOCK, JOHANNA
11111 FRENCH ROAD
DETROIT MI 48234**

☐ Delete

TITILE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITILE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DS
RUSEN, BEVERLY
25 S WASHINGTON DRIVE
SARASOTA FL 34236**

☐ Delete

TITILE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

**CP
RUSEN, HEIN
25 S WASHINGTON DRIVE
SARASOTA FL 34236**

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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

CR2E034 (10/02)

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03 313-571-8900

Date

Daytime Phone #