

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000030658

1. Entity Name

MERITS HEALTH PRODUCTS, INC.

Principal Place of Business

902 SE 9TH TERRACE
CAPE CORAL FL 33990
US

Mailing Address

C.O JOHN P. MILLIGAN JR.
1500 COLONIAL BLVD. STE. 103
FORT MYERS FL 33907

2. Principal Place of Business

730 N.E. 19th Place

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N.E. + Myers, FL

City & State

Zip

33903

Country

USA

Zip

Country

4. FEI Number

65-0419976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLIGAN, JOHN P JR.
1500 COLONIAL BLVD.
STE. 103
FORT MYERS FL 33907

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.

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

TITLE ☐ Delete
NAME D LARRY M. CHENG
STREET ADDRESS 9 ROAD 36, TAICHUNG INDUSTRIAL PARK
CITY-ST-ZIP TAICHUNG TA

TITLE ☐ Delete
NAME D ANDERSON, WINSTON
STREET ADDRESS 5205 SUNSET COURT
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ Delete
NAME D CHENG, KENNETH K
STREET ADDRESS 9, ROAD 36, TAICHUNG INDUSTRIAL PARK
CITY-ST-ZIP TAICHUNG TAIWAN R.O.C.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-01

Date

941-772-0579

Daytime Phone #

CR2E034 (10/00)

0534326

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90413 013 ***150.00

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DO NOT WRITE IN THIS SPACE