2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

PALM BAY FL 32906-0596

P. O. BOX 60596

SUITE C

DOCUMENT # P93000059885

Country

6. Name and Address of Current Registered Agent

1. Entity Name

SUITE 10B

US

PALM BAY FL 32905

Principal Place of Business

4680 LIPSCOMB STREET N.E.

2. Principal Place of Business

MERCHANT, RICHARD J

1315 COVENTRY CIRCLE

Suite, Apt. #, etc.

City & State

Zip

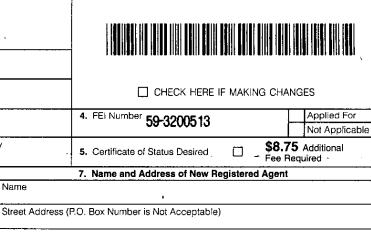
MERCHANTS UNLIMITED INC.



Country

FILED Apr 08, 2003 8:00 am Secretary of State

04-08-2003 90089 022 ***150.00



MELBOURNE FL 32904			
	,	City	FL Zip Code
 The above named entity submits this statement for the purpo the obligations of registered agent. 	se of changing its reg	istered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
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 \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTOR	s .	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE DP NAME MERCHANT, RICHARD J STREET ADDRESS 1315 COVENTRY CIR CITY-ST-ZIP MELBOURNE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

12. Thereby certify that the information supplied with this filing does not quality 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 impowered 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 line ampowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #