

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90165 030 ***150.00

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DOCUMENT # **P93000072634**

1. Entity Name
MERRITT, WELLER & WELLER, INC.



Principal Place of Business
**14411 COMMERCE WAY, STE 400
MIAMI LAKES FL 33016**

Mailing Address
**14411 COMMERCE WAY, STE 400
MIAMI LAKES FL 33016**

2. Principal Place of Business
590 Walden Court
Suite, Apt. #, etc.

3. Mailing Address
590 Walden Court
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Dunedin FL

City & State
Dunedin FL

4. FEI Number
65-0453838

Applied For
 Not Applicable

Zip
34698 Country
USA

Zip
34698 Country
USA

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

~~SOLMS, WILLIAM O ESQ~~
**6701 SUNSET DR
SUITE 104
MIAMI FL 33143**

Name **Justin NARINE**
Street Address (P.O. Box Number is Not Acceptable)
590 Walden Court
City **Dunedin FL** Zip Code **34698**

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]*

DATE **4/28/03**

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 **DPDS** Delete
NAME **NARINE, MICHAEL**
STREET ADDRESS **14411 COMMERCE WAY, SUITE 400**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **DPDS** Change Addition
NAME **NARINE, MICHAEL**
STREET ADDRESS **590 Walden Court**
CITY-ST-ZIP **Dunedin FL 34698**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/28/03** Daytime Phone # **954 447 4288**

CR2E034 (10/02)