

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90155 033 ***550.00

DOCUMENT # P94000011049

1. Entity Name
MERYNKA, INC.

Principal Place of Business

6023 26TH ST WEST
BRADENTON FL 34207
US

Mailing Address

6023 26TH STREET WEST
BRADENTON FL 34207
US

2. Principal Place of Business

119 N WARECK

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip
34236

Country

USA

3. Mailing Address

4800 HAMPTON LANE

Suite, Apt. #, etc.

850

City & State

BETHESDA MD

Zip
20814

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0479945**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGUIRE AND PARRY, P.A.
1001 THIRD AVENUE WEST
SUITE 600
BRADENTON FL 34205

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☐ Delete
NAME **MARY CAROLINE PIERCE**
STREET ADDRESS **6023 26TH ST WEST**
CITY-ST-ZIP **BRADENTON FL**

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

TITLE **VP** ☐ Delete
NAME **TAYLOR, J. RANDOLF**
STREET ADDRESS **4800 HAMPTON LANE #850**
CITY-ST-ZIP **BETHESDA MD 20814**

TITLE ☒ Change ☐ Addition
NAME **TAYLOR, J. RANDOLF**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/02

301-664-8148

Date

Daytime Phone #

CR2E034 (4/02)