

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000033192

1. Entity Name

MERRITT EQUIPMENT, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90115 012 ***150.00

Principal Place of Business

Mailing Address

550 STONEHENGE DRIVE
 MARY ESTHER FL 32569

650 STONEHENGE DRIVE
 MARY ESTHER FL 32569-1748

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3250622

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MERRITT, CHARLES G
 650 STONEHENGE DRIVE
 MARY ESTHER FL 32569

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

Charles G. Merritt Charles G. Merritt President

4/26/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MERRITT, CHARLES G	
STREET ADDRESS	650 STONEHENGE DRIVE	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERRITT, KATHLEEN J	
STREET ADDRESS	650 STONEHENGE DRIVE	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Charles G. Merritt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
 Charles G. Merritt

Date

Daytime Phone #

850-244-6624

CR2E034 (9/99)