2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2000 8:00 am Secretary of State DOCUMENT # P94000048422 1. Entity Name MERRITT PROMOTION DEVELOPMENT GROUP, INC. 02-05-2000 90040 035 ***150.00 Principal Place of Business Mailing Address 307 W. XENICE AVE. P.O. BOX 157 SUITE B VENICE FL 34284-0157 HIBBIOOFA VENICE FL 34285 2. Principal Place of Business
424 PARK LANE 3. Mailing Addres Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City 8 4. FEI Number City & State 06-1168593 ENICE Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YARABEK, JOHN A 307 W. VENICE AVE. SUITE B VENICE FL 34285 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. required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE DIRECTOR Change Addition TITLE YARABEK, JOHN A YARABEK, JOHN A: NAME 424 PARK LANE DRUG STREET ADDRESS 307 W VENICE AVE., SUITE B STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P VENICE FL ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition --- Delete ---TITLE-TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. PED OR PRINTED NAME OF SIGI