

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90046 048 ***150.00

053645 AT

DOCUMENT # P94000065985

1. Entity Name

MERGERS & ACQUISITIONS CONSULTANTS, INC.

Principal Place of Business

**5034 PHILLIPS HIGHWAY
 JACKSONVILLE FL 32207**

Mailing Address

**PO BOX 351237
~~STE 202~~
 JACKSONVILLE FL 32225**

2. Principal Place of Business

**8151 Arlington Expressway
 Suite, Apt. #, etc.
 Ste 28**

3. Mailing Address

**PO Box 351237
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State **Jacksonville FL** City & State **Jacksonville FL** 4. FEI Number **59-3381430** Applied For ☐ Not Applicable ☐

Zip **32211** Country Country Zip **32225** Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PAYSINGER, DAVID F
 5034 PHILLIPS HIGHWAY
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

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

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, 2002 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

TITLE **D** ☐ Delete
 NAME **PAYSINGER, DAVID F**
 STREET ADDRESS **11841 HIDDEN HILLS DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☐ Delete
 NAME **PAYSINGER, JANICE**
 STREET ADDRESS **11841 HIDDEN HILLS DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

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CR2E034 (9/01)

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: **Janice K. Paysinger**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 **904-860-9224**
 Date Daytime Phone #