

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90017 009 ***150.00

DOCUMENT # P95000079483

1. Entity Name

MERJER GIFTS INC.

Principal Place of Business

216 KELSEY LANE
TAMPA FL 22619
US

Mailing Address

216 KELSEY LANE
TAMPA FL 22619
US

2. Principal Place of Business

20505 US HWY 19 N

3. Mailing Address

20505 US HWY 19 N

Suite, Apt. #, etc.

Suite 162

Suite, Apt. #, etc.

Suite 162

City & State

Clearwater, Florida

City & State

Clearwater, Florida

Zip

33764

Country

USA

Zip

33764

Country

USA

6. Name and Address of Current Registered Agent

RODRIGUEZ, MICHAEL
5708 W HANNA AVE
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name

Michael E. Rodriguez

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

20505 US HWY 19 N

Suite 162

City

Clearwater

FL

Zip Code

33764

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

Michael E. Rodriguez Pres Michael E. Rodriguez

04/02/01

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MICHAEL	
STREET ADDRESS	1556 PATRICIA AVE.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	WTD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, JOSEPH	
STREET ADDRESS	17122 LONGACRE LANE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	GRAPER, GREG	<input checked="" type="checkbox"/> Delete
NAME	4440 SW 245TH LANE	
STREET ADDRESS	MIAMI FL 33189	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Michael E. Rodriguez Pres Michael E. Rodriguez

04/02/01

(727) 725-5299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)