2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun 14, 2001 8:00 am DOCUMENT # P96000010385 Secretary of State 1. Entity Name 06-14-2001 90008 030 ***550.00 MERCURY ASSOCIATES, INC. Principal Place of Business Mailing Adcress 852 WINDERMERE WAY 852 WINDERMERE WAY 41111/6012 PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address 100-39 Far Vice Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc DOXIGOB City & State Applied For 4. FEI Number 65-0635461 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent --6. Name and Address of Current Registered Agent Name SOBLE, LINDA B ddress (P.O. Box Number is Not Acceptable) 852 WINDERMERE WAY tairnocus PALM BEACH GARDENS FL 33418 Zip Code for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above name entity submits this statement SIGNATURÉ (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **Change** TITLE □ Delete TITLE NAME SOBLE, LINDA B NAME STREET ADDRESS STREET ADDRESS 852 WINDERMERE WAY CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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.

Daytime Phone #