2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015554 1. Entigo Name MERTES ENTERPRISES, INC.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place 2410 SE FEDE STTUART FL		Mailing Address 2410 SE FEDERAL HWY STTUART FL 34994			01 OCT 18 PM12: 11	3		
2. Principal F	Place of Business	3. Mailing Address 20795 BRANDYWINE DR.						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		PEIN	DO NOT WRITEIN THIS SPACE			
City & State		City & State FAIRVIEW PARK, OHIO		4. F	El Number 65-05 16080		plied For]
Zip	Country	Zip U.U.o./	Country	5. (Certificate of Status Desired	\$8.75 Add		$\frac{1}{2}$
	6. Name and Address of Current R	Hegistered Agent			Name and Address of New Registered	Fee Required Agent	1	-
BERNARD, EDITH]
2410 SE FEDERAL HWY			- Street A	Street Address (P.OBox Number is Not Acceptable)				
STTUART FL 34994								1
			City		FL	Zip Code	9	1
8. The above	named entity submits this statement for Signature, typed or printed name of registered agent ar	Bur	egistered office or				· · · · · · · · · · · · · · · · · · ·	
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 \$550.00 After September 12, 2001 Fee will be \$750.9 Make Check Payable to Department of State		\$750.00	10. Election Campaign Financing Trust Fund Contribution. — [\$5.06 Added	O May Be to Fees	
11.	OFFICERS AND C	DIRECTORS	12.		I DITIONS/CHANGES TO OFFICERS ANI		3 IN 11	1,
TITLE NAME STREET ADORESS CITY-ST-ZIP	PSTD MERTES, BRIGITTE 18870 TIMBER LANE FAIRVIEW PARK OH 44126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PREG. BRIGI 20795 FAIRI	TTE MERTES BRANDYWINE DR VIEW PARK, OH. 4	2 Change 4 126	☐ Addition	DE004 (E/04
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERTES, RICHARD 18870 TIMBER LANE FAIRVIEW PARK OH 44126	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	30	ES RICHARD BRANDYWINE DR. VIEW PARK, OH. 44	hagan	Addition	2
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Mr. 0/26	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Jr.	☐ Change	Addition	
indicated	certify that the information supplied with the on this report or supplemental report is to	rue and accurate and that my	r signature shall ha	ve the same	ाङ.०/(३)(।), Florida Statutes. I further ce egal effect as if made under oath; that l	am an officer o	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.

BIGNATURE: BRIBITATE MERTES, STATISTICS WILLIAMS 9-26-0/ 440-33/-5044