

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018342

1. Entity Name
MERLA, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90151 030 ***150.00

Principal Place of Business
8835 VILLAGE GREEN BLVD.
CLERMONT FL 34711

Mailing Address
8835 VILLAGE GREEN BLVD.
CLERMONT FL 34711

2. Principal Place of Business
1441 16TH STREET
Suite, Apt. #, etc.

3. Mailing Address
1441 16TH STREET
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CLERMONT, FL
Zip
34711-2885 Country
USA

City & State
CLERMONT, FL
Zip
34711-2885 Country
USA

4. FEI Number 59-3365532 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOSKINSON, JERRY E
1190 LAKESHORE DRIVE
CLERMONT FL 34711

7. Name and Address of New Registered Agent
Name
HOSKINSON, DOROTHY L.
Street Address (P.O. Box Number is Not Acceptable)
1190 LAKESHORE DRIVE
City CLERMONT FL Zip Code 34711

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 DOROTHY L. HOSKINSON, V/D Dorothy L. Hoskinson 3-20-01
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 NAME STREET ADDRESS CITY-ST-ZIP	PD HOSKINSON, JAMES M 8835 VILLAGE GREEN BLVD. CLERMONT FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOSKINSON, JERRY E 1190 LAKESHORE DRIVE CLERMONT FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOSKINSON, DOROTHY L. 1190 LAKESHORE DRIVE CLERMONT FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Dorothy L. Hoskinson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1190 Lakeshore Dr. Clermont, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JAMES M. HOSKINSON, JR. 746 OAK LANE GROVELAND, FL 34736 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James M. Hoskinson JAMES M. HOSKINSON 3/19/01 354 742-0805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)