

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 06, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90078 007 \*\*\*150.00

DOCUMENT # P96000035869

1. Entity Name

MERCURY SOLUTIONS, INC.

Principal Place of Business

4319 SAUSBURY RD  
 STE 3  
 JACKSONVILLE FL 32216  
 US

Mailing Address

4319 SAUSBURY RD  
 STE 3  
 JACKSONVILLE FL 32216  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 59-3379821

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N  
 100 NATIONAL FINANCIAL BLDG.  
 4215 SOUTHPOINT BLVD. SUITE 100  
 JACKSONVILLE FL 32216

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 reissuing)

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 PS  
 NAME SCHOPPERT, BRIDGET L  
 STREET ADDRESS 220 CROSS & TERN COURT  
 CITY-STATE-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE VT  
 NAME HELLWIG, PETER M  
 STREET ADDRESS 10531 W. CLYDESDALE DR.  
 CITY-STATE-ZIP JACKSONVILLE FL 32257 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS 188 Serrano Way  
 CITY-STATE-ZIP Ponte Vedra Beach, FL 32082 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP ☐ Change ☐ 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)