## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P96000050947** Mar 14, 2000 8:00 am 1. Entity Name **Secretary of State** MERMER AND ASSOCIATES, INC. 03-14-2000 90043 026 \*\*\*150.00 Principal Place of Business Mailing Address MERMR & ASSOC. INC 1730 S. FEDERAL HWY 1730-S.FEDERAL HWY. #398 STE. 398 DELRAY BEACH FL 33483-3309 DELRAY BEACH FL 33483 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0687137 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **GLEN & SUZANNE MERMER** Street Address (P.O. Box Number is Not Acceptable) 1730 S FEDERAL HWY #398 **DELRAY BEACH FL 33483** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. Addition Delete TITLE TITLE MERMER, GLEN T NAME STREET ADDRESS STREET ADDRESS 1730 S. FEDERAL HWY., STE. 398 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33483 Change Addition ☐ Delete TITLE MERMER, SUZANNE J NAME NAME 1730 S. FEDERAL HWY., STE. 398 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** Change Addition - 🖆 Delete - - -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

ST Meiner m

1-11-200

561-279-4455

Daytime Phone #