FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P96000050947 MERMER AND ASSOCIATES, INC. 04-04-2001 90055 043 \*\*\*150.00 Principal Place of Business Mailing Address MERMER & ASSOC. INC 1730 S. FEDERAL HWY 1730 S FEDERAL HWY. #398 STE. 398 DELRAY BEACH FL 33483 **DELRAY BEACH FL 33483** us US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0687137 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent and the second of the second of the state of the second of **GLEN & SUZANNE MERMER** Street Address (P.O. Box Number is Not Acceptable) 1730 S FEDERAL HWY #398 **DELRAY BEACH FL 33483** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 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 11. Delete TITLE Addition TITLE NAME MERMER, GLEN T NAME STREET ADDRESS STREET ADDRESS 1730 S. FEDERAL HWY., STE. 398 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33483 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MERMER, SUZANNE J NAME STREET ADDRESS STREET ADDRESS 1730 S. FEDERAL HWY., STE. 398 CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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