## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| 20<br>UN  | 003 FOR PROFI  | T CORPOR   | ATION<br>F (ÚBR)  | FILED Aug 04, 2003 8:00 am Secretary of State  |
|---|--|--|---|--|
| DOCUMENT # P96000077424  1. Entity Name MERCHANTS PROPERTIES, INC.  |  |  |   | 08-04-2003 90138 041 ***150.00   |
| Principal Place of Business         Mailing Address           3101 SW 34 AVE. #905         3101 SW 34 AVE. #905           PMB 461         PMB 461           OCALA FL 34474         OCALA FL 34474 |  | Con wi To  |   |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |  |  | tus B1.   | CHECK HERE IF MAKING CHANGES   |
| City & Stat   | esT Hills, N.Y.  |  | 15 N.Y.   | 4. FEI Number 59-3405248 Applied For Not Applicable  |
| 71 35   | 15 Cōuntry S   | 1,312  | Country   | 5. Certificate of Status Desired \$8.75 Additional Fee Required  |
|   | 6. Name and Address of Current R   | egistered Agent  | Name  | 7. Name and Address of New Registered Agent  |
| COOPER, MICHAEL J<br>321 NW THIRD AVENUE<br>OCALA FL 34475  |  |  | Street Addres   | s (P.O. Box Number is Not Acceptable)  |
|   |  |  | City  | FL Zip Code  |
|   | named entity submits this statement for ions of registered agent.  | he purpose of changing its r   | egistered office or regis   | tered agent, or both, in the State of Florida. I am familiar with, and accept  |
| SIGNATURE.  | Signature, typed or printed name of registered agent an  | d title if applicable. (NOTE:  | Registered Agent signature requi  | ired when reinstating) DATE  |
| After Se  | ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750.00 c Payable to Florida Department of the second control of the second c |  |   | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  |
| 10.   | OFFICERS AND D   | IRECTORS   | 11.   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |
| Title<br>Name<br>Street address<br>City-St-Zip  | D<br>WIGGINS, DAVID J<br>1800 S.W. 55TH STREET ROAD<br>OCALA FL 34474  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                     | ☐ Change ☐ Addition<br>-   |
| title<br>Name<br>Street adoress  <br>City-St-zip  |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP-                                    | ☐ Change ☐ Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | A ST TO THE STATE OF THE STATE    | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                     | ☐ Change ☐ Addition  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | · · · · · · · · · · · · · · · · · · ·  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                     | ☐ Change ☐ Addition  |
| TITLE<br>NAME<br>STREET ADDRESS  <br>CITY-ST-ZIP  |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                     | ☐ Change ☐ Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                     | ☐ Change ☐ Addition  |
| 12. I hereby of indicated of the corporated,  | certify that the information supplied with the on this report or supplemental report is to poration or the reveiver or fusite empower on an attachment with all address, with  | nis filing does not qualify for t<br>ue and accurate and that my<br>ered to execute this report a<br>h all other like empowered. | he exemption stated in so signature shall have the srequired by Chapter 6 | Section 119.07(3)(i), Florida Statutes. I further certify that the information<br>e same legal effect as if made under oath; that I am an officer or director<br>07, Florida Statutes; and that my name appears in Block 10 or Block 11 if |

SIGNATURE:

## Attachment

## 90148610 #P96000577424

July 30, 2003

Florida Department of State P. O. Box 6237 Tallahassee, Florida 32314

To whom it may concern:

The renewal package for Merchants Properties, Inc. Was only received the first time on July 21, 2003 and therefore was not filed timely. We would greatly appreciate the waiver of penalty for this late filing due to this late delivery of the required filing form from your office.

Respectfully,

David Wiggins, President

DJW/bms

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A Company of the

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108-18 QUEENS BV. 7TH. FLOOR
FOREST HILLS. NEW YORK 11375
718-268-8888 FAX 718-268-8259
mpigoldenhomes@aol.com