2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000023219 **DOCUMENT #**

1. Entity Name MERRITT & MERRITT, P.A.



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90034 048 ***150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MERRITT, DANIEL B JR SIRRET ADDRESS OTITY-ST-2P TITLE MAME SIRRET ADDRESS OTITY-ST-2P TITLE MAME SIRRET ADDRESS OTITY-ST-2P TITLE MAME SIRRET ADDRESS OTITY-ST-2P SIRRET A					ILITA				
2. Maring Address Subs. Apl. #. etc. Chy & State Chy &	224 N BROAD	ST	PO BOX 428	PO BOX 428					
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System Country Zip Country S. Certificate of Status Desired System Sys	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
S. Name and Address of Curront Registered Agent O. Name and Address of New Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Added to Fleest Added to Fleest Added to Fleest Added to Fleest City FL Zip Code City FL Zip Code Added to Fleest City FL Zip Code Added to Fleest Add	City & State		City & State			4. FEI Number 59-34386	660	_ 	
DANIEL B MERRITT JR 101 S MAIN STREET BROOKSVILLE FL 34605 City City FL Zup Code FL Zup	Zip	Country	Zip	Country		5. Certificate of Status Desir			
DANIEL B MERRITT JR 101 S MAIN STREET BROOKSVILLE FL 34805 City FL Zip Code 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Dispute Nipoles or protor forms of registered agent and title if epoletative. (NOTE: Registered Agent signature required when remaining). PILLE NOW!!! FEE IS 5150.00 And ter May 1, 2003 Fee will be \$550.00 May Be Added to Fees Mater May 1, 2003 Fee will be \$550.00 May Be Added to Fees Mater May 1, 2003 Fee will be \$550.00 May Be Added to Fees Mater May 1, 2003 Fee will be \$550.00 May Be Added to Fees Mater May 1, 2003 Fee will be \$550.00 May Be Added to Fees Mater May 1, 2003 Fee will be \$550.00 May Be Added to Fees Mater May 1, 2003 Fee will be \$550.00 May Be Added to Fees Mater May 1, 2003 Fee will be \$550.00 May Be Added to Fees Mater May 1, 2003 Fee will be \$550.00 May Be Added to Fees Mater May 1, 2003 Fee will be \$550.00 May Be Added to Fees Mater May 1, 2003 Fee will be \$550.00 May Be Added to Fees Mater May 1, 2003 Fee will be \$550.00 May Be Added to Fees Mater May 1, 2003 Fee will be \$550.00 May Be Added to Fees Mater May 1, 2003 Fee will be \$550.00 May Be Added to Fees Mater May 1, 2003 Fee will be \$550.00 May Be Added to Fees Mater May 1, 2003 Fee will be \$550.00 May Be Added Fees May 1, 2003 Fees May 1, 200		6. Name and Address of Cu	rrent Registered Agent			7. Name and Address of N	ew Registered A	jent	
Side Authorises (F.C. Suk Nationals is not included as the included in the purpose of changing its registered argent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SidnATURE Signature holded or priestered agent. SidnATURE Signature holded or priestered agent. PACTE. Registered Agent signature required when minutaling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fforida Department of State 10.				Name		e =			
B. The gloove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. File Now!!! FEE IS \$150.00				Street Ad	ddress (P.0	O. Box Number is Not Accep	table)		
B. The glove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SignATURE	BROOKSV	ILLE FL 34605		City				Zip Code	e
The obligations of registered agent. Signature lypse or private name of registered agent and 160 if applicable. NOTE: Registered Agent agreature required when reinstating) DATE								<u> L</u>	
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12. 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	CITY-ST-ZIP				l				

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: