

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067394

1. Entity Name
MERRITT ENTERPRISES OF NORTH FLORIDA, INC. ✓

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90079 012 ***550.00

Principal Place of Business

RT 2, BOX 388-M
WESTVILLE FL 32464

Mailing Address

RT 2, BOX 388-M
WESTVILLE FL 32464

2. Principal Place of Business

1229 Gillman Rd.
Suite, Apt. #, etc.

3. Mailing Address

1229 Gillman Rd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Westville FL

City & State

Westville FL

4. FEI Number

31-1576561

Applied For

Not Applicable

Zip

32464

Country

Holmes

Zip

32464

Country

Holmes

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERRITT, JAMES T
RT 2, BOX 388-M
WESTVILLE FL 32464

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 reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MERRITT, JAMES
STREET ADDRESS RT 2, BOX 388-M
CITY-ST-ZIP WESTVILLE FL 32464 ☐ Delete

TITLE
NAME 1229 Gillman Rd
STREET ADDRESS Westville, FL 32464 ☒ Change ☐ Addition

TITLE S/T
NAME MERRITT, RHONDA
STREET ADDRESS RT 2, BOX 388-M
CITY-ST-ZIP WESTVILLE FL 32464 ☐ Delete

TITLE
NAME 1229 Gillman Rd
STREET ADDRESS Westville, FL 32464 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-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 like empowered.

SIGNATURE:

Rhonda Merritt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 17 2000 956-2296
Date Daytime Phone #

CR2E034 (5/00)