

2000 UNIFORM BUSINESS REPORT (UBR)

6

DOCUMENT # P 97000093132
 1. Entity Name Mere Survival

FILED
Jul 18, 2000 8:00 am
Secretary of State

06-22-2000 90105 034 ***150.00

308404

Principal Place of Business 8285 E. Bay Blvd.
Navarre, FL 32566
 Mailing Address 9500 American Farms Rd.
Milton, FL 32583

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3499752
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Emmitt Harper
53 Eglin Street
Fort Walton Beach, FL
32547

7. Name and Address of New Registered Agent
 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 \$160.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE	<u>President</u>	☐ Delete
NAME	<u>Steven J. Theriault</u>	
STREET ADDRESS	<u>9500 American Farms Rd</u>	
CITY-ST-ZIP	<u>Milton, FL 32583</u>	
TITLE	<u>Vice-President</u>	☐ Delete
NAME	<u>Andrea Theriault</u>	
STREET ADDRESS	<u>9500 American Farms Rd.</u>	
CITY-ST-ZIP	<u>Milton, FL</u>	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Andrea Theriault Andrea Theriault 6-14-00 936-9555
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

308404

Division of Corporations
Reinstate Division
P.O. Box 6327
Tallahassee, FL
32314

We are asking for a one time waiver on the \$400.00 penalty, for re-filing our corporation. We didn't receive the required form when we expected. Our check #3207 for \$150.00 was sent when we received the form we requested after the due date. Enclosed is a copy of our business report (UBR). Please excuse our small corporation from the \$400 fine as to having no control over the mailing delivery. We would greatly appreciate your understanding. Please respond at your convenience.

Sincerely,

Andrea Theriault
V.P. Mere Survival Inc.