

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107762

1. Entity Name

DOUG MERRITT LAWN & SPRINKLER, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90121 006 ***150.00

Principal Place of Business

10071 FOX RUN ROAD
 PENSACOLA FL 32514

Mailing Address

10071 FOX RUN ROAD
 PENSACOLA FL 32526-1864

2. Principal Place of Business

5900 MEMPHIS AVENUE

Suite, Apt. #, etc.

3. Mailing Address

5900 MEMPHIS AVENUE

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

59-3486411

Applied For

Not Applicable

Zip

32526

Country

ESCAMBIA

Zip

32526

Country

ESCAMBIA

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

WORK, GARY
 1940 ST.MARY AVENUE
 PENSACOLA FL 32501

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 \$150.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, TIMOTHY R	
STREET ADDRESS	10071 FOX RUN ROAD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERRITT, DOUGLAS	
STREET ADDRESS	10071 FOX RUN ROAD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5900 MEMPHIS AVENUE	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	Vice-President/mangr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAKE ANN MERRITT	
STREET ADDRESS	5900 MEMPHIS AVENUE	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

DOUG MERRITT 4/22/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUG MERRITT
 PRES/DIR

850-941-8502

Date

Daytime Phone #

CR2E034 (9/99)