

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004273

1. Entity Name

MERENMAX, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90227 014 \*\*\*150.00

Principal Place of Business

Mailing Address

577 DELTONA BLVD.  
SUITE 20  
DELTONA FL 32725

P. O. BOX 5357  
DELTONA FL 32728-5357

2. Principal Place of Business

3. Mailing Address

2921 Deltona Dr.

Suite, Apt. #, etc.

Ste 142

Suite, Apt. #, etc.

City & State

City & State

Sanford

City & State

Zip

Zip

32723

Country

Country

SMITH, STANLEE J  
577 DELTONA BLVD.  
SUITE 20  
DELTONA FL 32725

Country

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4. FEI Number

59-3488988

Applied For

Not Applicable

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

Name

Stan Smith

Street Address (P.O. Box Number is Not Acceptable)

2921 Deltona Dr. Ste 142

City

Sanford

FL

Zip Code

32723

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.

Stan Smith, Pres.

DATE

1-19-2000

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SMITH, STANLEE J  
577 DELTONA BLVD, STE 20  
DELTONA FL 32728 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SMITH P/D/Sec  
P.O. Box 5357  
Deltona, FL 32728 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-2000

904-789-2405

CR2E034 (9/99)