FILED
May 24, 2001 8:00 am
Secretary of State
05-24-2001 90005 022 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007260

1. Entity Name
MERIDIAN MERCANTILE COMPANY

Principal Place of Business
505 Beachland Blvd.
Vero Beach, FL 32963

Mailing Address
505 Beachland Blvd.
Vero Beach, FL 32963

D0056274

2. Principal Place of Business		3. Mailing Address	
505 Beachland Blvd. Suite, Apt. #, etc.		505 Beachland Blvd. Suite, Apt. #, etc.	
City & State: Vero Beach, FL		City & State: Vero Beach, FL	
Zip: 32963	Country: USA	Zip: 32963	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0822343 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Winfried Laverick
4635 Pebble Bay South
Vero Beach, FL 32963

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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 4/24/01 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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Winfried Laverick 4635 Pebble Bay South Vero Beach, FL 32963 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] 4/24/01 561-231-7751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #