

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000014230**

1. Entity Name

MERRITT ENTERPRISES INTERNATIONAL, INC.**FILED****Feb 03, 2001 8:00 am**
Secretary of State

02-03-2001 90286 035 ***150.00

913365

DO NOT WRITE IN THIS SPACE

Principal Place of Business 6971 N. FEDERAL HWY #402 BOCA RATON FL 33487	Mailing Address 6971 N. FEDERAL HWY #402 BOCA RATON FL 33487
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2. Principal Place of Business 6299 PINE DRIVE Suite, Apt. #, etc.	3. Mailing Address 6299 PINE DRIVE Suite, Apt. #, etc.
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City & State LANTANA FLORIDA	City & State LANTANA, FLORIDA
Zip 33462	Country USA

4. FEI Number 65-0811603	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MERRITT, STEVE 6971 N. FEDERAL HWY #402 BOCA RATON FL 33487
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7. Name and Address of New Registered Agent Name STEVEN MERRITT Street Address (P.O. Box Number is Not Acceptable) 6299 PINE DRIVE City LANTANA FL Zip Code 33462
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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 PRESIDENT Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1-17-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERRITT, STEVE 6971 N. FEDERAL HWY #402 BOCA RATON FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres./Director STEVEN J. MERRITT 6299 PINE DRIVE LANTANA, FLORIDA 33462 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 corporations.
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SIGNATURE: PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1-17-01 Daytime Phone # 561.317.8229
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CR2E034 (10/00)