

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

DOCUMENT # P98000014230

1. Entity Name

Merritt Enterprises International, Inc.

05-02-2003 90381 027 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

JUL160774

2. Principal Place of Business

6299 Pine Dr

3. Mailing Address

36 Hastings Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lantana Florida

City & State

Lantana Florida

4. FEI Number

650811603

Applied For

Not Applicable

Zip

33462

Country

USA

Zip

33462

Country

USA

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

7. Name and Address of Current Registered Agent

Name

Steve Merritt

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

36 Hastings Lane

City

Lantana

FL

Zip Code

33462

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
Steve Merritt  
6299 Pine Dr.  
Lantana Florida 33462

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
Gina Merritt  
6299 Pine Dr.  
Lantana, Florida 33462

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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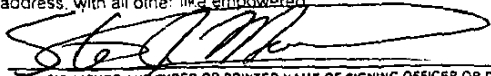
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE:



Steve Merritt

4-28-03

9544217771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #