

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90082 007 \*\*\*158.75

A0002594



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000029761**

1. Entity Name  
**MERCHANTS MARKETING CORP.**

Principal Place of Business <b>200 MARTIN LUTHER KING DRIVE          RIVIERA BEACH FL 33404</b>	Mailing Address <b>200 MARTIN LUTHER KING DRIVE          RIVIERA BEACH FL 33404</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number <b>65-0834725</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**COLLIER, MARIA  
 200 DR. MARTIN LUTHER KING DRIVE  
 RIVIER BEACH FL 33404**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>AMENGUAL, ISABEL</b>
STREET ADDRESS	<b>66 BOURNEFIELD CHARLOTTE AMALIE</b>
CITY-ST-ZIP	<b>ST THOMAS U.S. VIRGIN ISLAND</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>COLLIER, TERRY</b>
STREET ADDRESS	<b>200 DR. MARTIN LUTHER KING DR</b>
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>COLLIER, MARIA</b>
STREET ADDRESS	<b>200 DR. MARTIN LUTHER KING DR</b>
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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: Maria M. Collier Date: 1-3-01 Daytime Phone #: 561-844-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)