2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 90875 042 ***150.00

DOCUMENT # P98000036239

1. Entity Name

MERKIN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4119 6TH AVENUE NORTH ST PETERSBURG FL 33713	PO BOX 17015 ST PETERSBURG FL 33733-7015

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3506478 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOZMOSKI, JOHN JR.
600 BYPASS DRIVE
SUITE 219
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name: LuAnn J. Ryan
Street Address (P.O. Box Number is Not Acceptable): ~~1381 - 62nd Ave N~~ 7601-9th St N. Ste C 2
City: St. Petersburg FL Zip Code: 33702

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: LuAnn J Ryan LuAnn J. Ryan 1/22/2000
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) ☐

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	D MATHER I, CHRISTOPHER I P.O. BOX 17015 ST PETERSBURG FL 33733	☒ Delete	D. Virginia A. Carlson 4119-6th Ave N. St Petersburg, FL 33713	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARLSON, ANGELA C P.O. BOX 17015 ST PETERSBURG FL 33733	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~CARLSON VIRGINIA A.~~ ~~4119 6 AVENUE N~~ ~~ST PETERSBURG, FL 33713~~	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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 Angela C Carlson 1/21/00 7273212582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #