

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036239

1. Entity Name

MERKIN ENTERPRISES, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90133 013 ***150.00

Principal Place of Business

4119 6TH AVENUE NORTH
ST PETERSBURG FL 33713

Mailing Address

PO BOX 17015
ST PETERSBURG FL 33733

2. Principal Place of Business

5242 57 AVE N

3. Mailing Address

Suite, Apt. #, etc.

City & State

St Petersburg FL

City & State

4. FEI Number 59-3506478

Applied For

Not Applicable

Zip

33709

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RYAN, LUANN J
7601 9TH N.
STE C 2
SAINT PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name

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

7601 9 STREET N

Suite C1

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

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, 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 D ☐ Delete
NAME CARLSON, VIRGINIA A
STREET ADDRESS 4119 6TH AVE. N.
CITY-ST-ZIP SAINT PETERSBURG FL 33713

TITLE D ☐ Delete
NAME CARLSON, ANGELA C
STREET ADDRESS P.O. BOX 17015
CITY-ST-ZIP ST PETERSBURG FL 33733

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/01

Date

727 321 2282

Daytime Phone #

CR2E034 (10/00)