

2001 UNIFORM BUSINESS REPORT

5

FILED

Jun 14, 2001 8:00 am
Secretary of State

05-18-2001 91240 025 ***150.00

DOCUMENT # 798000051954

1. Entity Name

Merry's Home Inc.

Principal Place of Business

Mailing Address

413 Grove Street
Keystone Heights, FL 32656

2. Principal Place of Business

3. Mailing Address

792 S.E. 46th Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Keystone Heights, FL

Zip

Country

Zip

Country

32656

USA

4. FEI Number

59-3524884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Merry Mooring
792 S.E. 46th Loop
Keystone Hgts, FL 32656

Name

Merry Mooring

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

792 S.E. 46th Loop

City

Keystone Heights

FL

Zip Code

32656

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

Merry Mooring

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
owner / President
Merry Mooring
792 S.E. 46th Loop
Keystone Hgts, FL 32656 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 empowered.

SIGNATURE:

Merry Mooring

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-01

352-473-6812

Date

Daytime Phone #

CR2E034 (1/100)