

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051954

1. Entity Name  
MERRY'S HOME, INC.

Principal Place of Business

792 SOUTHEAST 46TH LOOP  
KEYSTONE HEIGHTS FL 32656

Mailing Address

792 SOUTHEAST 46TH LOOP  
KEYSTONE HEIGHTS FL 32656

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

MOORING, MERRY  
792 SOUTHEAST 46TH LOOP  
KEYSTONE HEIGHTS FL 32656

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

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, 2002 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
OP  
MOORING, MERRY S  
792 SOUTHEAST 46TH LOOP  
KEYSTONE HEIGHTS FL 32656



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

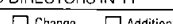


TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

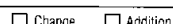


12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

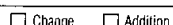
TITLE  
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NAME  
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CITY-ST-ZIP



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 REQUIRED* Merry Mooring

1-7-02

352-473-6812

Date

Daytime Phone #

**FILED**  
**Jan 08, 2002 8:00 am**  
**Secretary of State**

01-08-2002 90029 003 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

006692  
AV

CR2E034 (9/01)