## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Aug 31, 2000 8:00 am Secretary of State DGCUMENT # **P98000061387** 1. Entity Name MERCHANTER ALLIANCE CORPORATION 08-31-2000 90074 001 \*\*\*150.00 08-31-2000 90074 002 \*\*\*400.00 Principal Place of Business Mailing Address 101 S NEPTUNE AVE 101 S NEPTUNE AVE CLEARWATER FL 33765 CLEARWATER FL 33765-3624 HS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3527210 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEACH, KEVIN E Street Address (P.O. Box Number is Not Acceptable) 101 S NEPTUNE AVE **CLEARWATER FL 33765** City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be. Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTD TITLE ☐ Delete TITI F Addition NAME LEACH, KEVIN E NAME STREET ADDRESS 101 S NEPTUNE AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **CLEARWATER FL 33765** VPS Change Addition TITLE ☐ Delete TITLE NAME roland, lyle t STREET ADDRESS 101 S NEPTUNE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33765 ☐ Delete Change TITI F TITLE ☐ Addition NAME NAME STREET-ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Changed, or on an attachment with an acides, with all other like empowered.

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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if