

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**May 27, 2002 8:00 am
Secretary of State**

05-27-2002 90413 007 ***150.00

DOCUMENT # **798000061387**

1. Entity Name

MERCHANTER ALLIANCE CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

101 S. NEPTUNE AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER, FL

City & State

4. FEI Number

59-3527210

Applied For

Not Applicable

Zip

Country

33765

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LYLE ROLAND

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

101 S. NEPTUNE AVE

City

CLEARWATER

FL

Zip Code

33765

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)

30 Apr 02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PRESIDENT KEVIN LEACH 101 S. NEPTUNE AVE CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT LYLE ROLAND 101 S. NEPTUNE AVE CLEARWATER, FL 33765
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 APR 02

Date

727-446-8736

Daytime Phone #

CR2E034B (12/01)