

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026229

1. Entity Name

Merke's, Inc. N/c 3-20-2000

Principal Place of Business

2642 FLORAL AVENUE, SUITE 4
APOPKA FL 32703

Mailing Address

2642 FLORAL AVENUE, SUITE 4
APOPKA FL 32828-8859

2. Principal Place of Business

311 Prairie Dune Way

3. Mailing Address

311 Prairie Dune Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL.

City & State

Orlando, FL.

4. FEI Number

59-356 5478

Applied For

Not Applicable

Zip

Country

32828

USA

Zip

Country

32828

USA

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

MERKE, DORIE
2642 FLORAL AVENUE, SUITE 4
APOPKA FL 32703

Name

Dorie Merke

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

311 Prairie Dune Way

City

Orlando

FL

Zip Code

32828

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

Dorie Merke

4/28/00

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, 2000 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 ~~DORIE MERKE~~ ☒ Delete
NAME ~~500 WILMER AVE~~
STREET ADDRESS
CITY-ST-ZIP ~~ORLANDO, FL. 32808~~

TITLE President ☐ Change ☐ Addition
NAME Spencer J. Merke
STREET ADDRESS 311 Prairie Dune Way
CITY-ST-ZIP Orlando, FL. 32828

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~Registered Agent~~ Director ☒ Change ☐ Addition
NAME Dorie Merke
STREET ADDRESS 311 Prairie Dune Way
CITY-ST-ZIP Orlando, FL. 32828

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Dorie Merke - Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/00

Daytime Phone #

4072494167

CR2E034 (9/99)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90099 037 ***150.00

DO NOT WRITE IN THIS SPACE