

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033304

1. Entity Name

MERCURY DEVELOPMENT CORPORATION

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90026 024 \*\*\*150.00

Principal Place of Business

3225 S MACDILL AVE.  
STE. 129-345  
TAMPA FL 33629  
US

Mailing Address

3225 S MACDILL AVE.  
STE. 129-345  
TAMPA FL 33629  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0959048**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

REGISTERED CORPORATE AGENTS, INC.  
612 S. GREENWOOD AVE.  
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name Monica L. Sierra, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
703 W. Swann Avenue  
City Tampa **FL** Zip Code 33606

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]  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/2001

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 PS ☐ Delete  
NAME SMITH, PETER C  
STREET ADDRESS 3225 S. MACDILL AVE, SUITE 129-345  
CITY-ST-ZIP TAMPA FL 33629

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

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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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/2001 813 254 3290

CR2E034 (10/00)