

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063602

1. Entity Name

MERCENARY INC.

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

05-26-2000 90034 001 ***550.00

05-26-2000 90034 002 *****8.75

Principal Place of Business

Mailing Address

5046 DOSTIE DRIVE SOUTH
 JACKSONVILLE FL 32209

5046 DOSTIE DRIVE SOUTH
 JACKSONVILLE FL 32209-1059

2. Principal Place of Business

5323 EMERSON ST

3. Mailing Address

5323 EMERSON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL 32207

City & State

JACKSONVILLE FL

Zip

32207

Country

USA

Zip

32207

Country

USA

4. FEI Number

593517408

Applied For

Not Applicable

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

SMILEY, WILLIE C JR.
 5046 DOSTIE DRIVE SOUTH
 JACKSONVILLE FL 32209

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 WILLIE C Smiley JR

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

(NOTE: Registered Agent signature required when reinstating)

5-23-00

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME PRESIDENT
 STREET ADDRESS WILLIE C Smiley
 CITY-ST-ZIP 5046 DOSTIE DR S
JAX FL 32209

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME VICE PRESIDENT
 STREET ADDRESS GABRIEL HALL
 CITY-ST-ZIP 5046 DOSTIE DR S
JAX FL 32209

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME VICE PRESIDENT
 STREET ADDRESS SAMUEL SMILEY
 CITY-ST-ZIP 5046 GRAND HALL
JAX FL 32209

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME SECRETARY
 STREET ADDRESS WILLIE SMILEY
 CITY-ST-ZIP 5046 DOSTIE DR S
JAX FL 32209

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME TREASURER
 STREET ADDRESS WILLIE SMILEY
 CITY-ST-ZIP 5046 DOSTIE DR S
JAX FL 32209

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Willie C Smiley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-23-00

Daytime Phone #

904-396-0788

CR2E034 (9/99)