

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90008 008 \*\*\*550.00

**DOCUMENT # P99000063602**

1. Entity Name  
**MERCENARY INC.**

Principal Place of Business  
**5323 EMERSON ST  
 JACKSONVILLE FL 32207**

Mailing Address  
**5323 EMERSON ST  
 JACKSONVILLE FL 32207**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-3517408**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **P SMILEY, WILLIE C**  
 STREET ADDRESS **5046 DOSTIE DR S**  
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE  Change  Addition  
 NAME **VP LEOIA Smiley**  
 STREET ADDRESS **5046 DOSTIE DR S**  
 CITY-ST-ZIP **JAX FL 32209**

TITLE  Delete  
 NAME **VP HALL, GABRIEL**  
 STREET ADDRESS **5046 DOSTIE DR S**  
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VP SMILEY, SAMUEL**  
 STREET ADDRESS **5040 GRAND LLOYD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S SMILEY, WILLIE**  
 STREET ADDRESS **5048 DOSTIE DR S**  
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T SMILEY, WILLIE**  
 STREET ADDRESS **5048 DOSTIE DR S**  
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

9-9-01 904  
 899 6428  
 Date Daytime Phone #

CR2E034 (5/01)