

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90326 001 ***150.00
03-27-2003 90326 002 ***150.00

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.

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

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **SMILEY, WILLIE C**
STREET ADDRESS **5046 DOSTIE DR S**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

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

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

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

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

TITLE **S** Delete
NAME **SMILEY, WILLIE**
STREET ADDRESS **5046 DOSTIE DR S**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

TITLE **T** Delete
NAME **SMILEY, WILLIE**
STREET ADDRESS **5046 DOSTIE DR S**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

TITLE **VP** Delete
NAME **SMILEY, LEOLA**
STREET ADDRESS **5046 DOSTIE DR SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Willie C Smiley Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-03 904-396-0788

CR2E034 (10/02)