

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PG 9000070972

1. Entity Name

MERRELL, HEALTH & HUMAN SERVICES CONSULTANTS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

599 JOHN ANDERSON DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BEACH FL.

City & State

4. FEI Number

64-359 254

Applied For

Not Applicable

Zip

32176

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name PALMETTO CHARTER SERVICES, INC

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

150 PAGNOLIA AVE

City DAYTONA BEACH

FL

Zip Code 32115-

2491

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, 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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE D
NAME ROSALIND P. MERRELL
STREET ADDRESS 599 JOHN ANDERSON DR.
CITY-ST-ZIP ORMOND BEACH, FL 32176

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IN THIS SPACE**

T. Roberts MAY 31 2007

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Rosalind P. Merrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

FILED
05 APR 28 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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