FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 30, 2002 8:00 am DOCUMENT # P99000105003 **Secretary of State** 1. Entity Name 01-30-2002 90130 003 \*\*\*150.00 MERIT CONSTRUCTION OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address . 1428 SEMORAN BLVD 1428 SEMORAN BLVD STE 107 **STE 107** APOPKA FL 32703 APOPKA FL 32703 US US 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 Applied For 59-3612415 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6, Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WITKOWSKI, JOSEPH KENNETH JR. Street Address (P.O. Box Number is Not Acceptable) 3604 LEOTA DRIVE APOPKA FL 32703 City 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition WITKOWSKI, JOSEPH KENNETH JR. NAME NAME 3604 LEOTA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP APOPKA FL 32703 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME WITKOWSKI, JOSEPH KENNETH SR. NAME STREET ADDRESS STREET ADDRESS 2420 BRIAR CREEK DRIVE CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP TITLE Delete\_ Change Addition NAME FOUTS. YVONNE NAME STREET ADDRESS 413 WHISPERING OAK LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP APOPKA FL 32712 TITLE TITLE ☐ Delete Change ■ Addition NAME RESH. JOHN NAME STREET ADDRESS STREET ADDRESS 866 YORKTOWN DRIVE CITY-ST-ZIP CITY-ST-7IP **ROCKLEDGE FL 32955** ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete [] Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 employee execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in B

of the corporation or the receiver or trustee enchanged, or on an attachment with an address

required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if