

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90076 029 ***150.00

0541719 AV

DOCUMENT # V59425

1. Entity Name

MERRILL ROAD, INC.

Principal Place of Business

8011 MERRILL RD
 JACKSONVILLE FL 32277-799
 US

Mailing Address

P O BOX 489
 NEW PORT RICHEY FL 34656-0489
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3140078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SMITH, CHRIS
 7223 STATE ROAD 52
 SUITE 1
 HUDSON FL 34667

7. Name and Address of New Registered Agent

Name

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

5711 Westshore Drive

City New Port Richey

FL

Zip Code

34652

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE PSD
 NAME SMITH, CHRIS
 STREET ADDRESS 7223 S.R. 52, STE. 1
 CITY-ST-ZIP HUDSON FL ☐ Delete

TITLE T
 NAME SMITH, CHRIS
 STREET ADDRESS 7223 S.R. 52, STE. 1
 CITY-ST-ZIP HUDSON FL ☐ Delete

TITLE VD
 NAME PHILLIPS, JEFF
 STREET ADDRESS 7223 S.R. 52, STE. 1
 CITY-ST-ZIP HUDSON FL ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 5711 Westshore Drive
 CITY-ST-ZIP New Port Richey, FL 34652

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 5711 Westshore Drive
 CITY-ST-ZIP New Port Richey, FL 34652

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 2666 Delorean St.
 CITY-ST-ZIP Fernandina Beach, FL 32034

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS Shea, Sean
 CITY-ST-ZIP 355 Monument Rd. Apt. 11A
 Jacksonville, FL 32225

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

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

CR2E034 (9/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

743-9100

Daytime Phone #