FILED
Jul 14, 2003 8:00 am
Secretary of State
07-14-2003 90329 014 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115470

1. Entity Name
MELODIE JENEEN CARTWRIGHT, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4403 CHASEWOOD DRIVE	4403 CHASEWOOD DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32225 Country: USA	Zip: 32225 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3760225 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name MELODIE J. CARTWRIGHT
Street Address (P.O. Box Number is Not Acceptable)
4403 CHASEWOOD DRIVE
City JACKSONVILLE FL Zip Code 32225

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

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

TITLE	DPST	TITLE	
NAME	MELODIE J. CARTWRIGHT	NAME	
STREET ADDRESS	4403 CHASEWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	IN THIS SPACE
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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

SIGNATURE: MELODIE CARTWRIGHT 07/09/03 904-641-6986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #

TRIPLE CHECK
✓ Income Tax Service
✓ Financial & Insurance Services
✓ Accounting & Bookkeeping Services

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

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July 10, 2003

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

RE: Profit Corporation ~~Reinstatement~~
Document P01000115470 MELODIE JENEEN CARTWRIGHT, P.A.

Dear Sir/Madam,

Please see the enclosed Uniform Business Report for our client listed above. We are requesting that you accept her application and payment of $150.00, for the year 2003

Mrs. Cartwright, President of the above Corporation, did not receive her report for the referenced period. Upon our annual review of her account along with your web site, it was determined that she had not filed. She has always filed her government paperwork timely and is very conscientious regarding payment for all yearly fees and taxes.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

Heather Copeland

Heather Copeland

Enclosure: Uniform Business Report
Checks: #1195