2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State
05-30-2001 90032 003 ***150.00

A0072198

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000023503

Entity Name
MeL-LiN TRANSPORT, INC.

Principal Place of Business
2790 W. Price BLvd
North Port Florida
34286

Mailing Address
2790 W. Price Blvd
North Port Florida
34286

2. Principal Place of Business: Same
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State
Zip | Country: SARASOTA

4. FEI Number: 65-0482634 | ☐ Applied For | ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MLAdeN ZAVcer
2790 W. Price Blvd
North Port Florida
34286

7. Name and Address of New Registered Agent
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.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	D. P	☐ Delete
NAME	MLAdeN ZAVcer	
STREET ADDRESS	2790 W. Price Blvd	
CITY-ST-ZIP	North Port Florida 34286	
TITLE	D.V.P.S.	☐ Delete
NAME	LiNdA D. ZAVcer	
STREET ADDRESS	2790 W. Price Blvd	
CITY-ST-ZIP	North Port Florida 34286	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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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

I called on 5-24-01 Today before 1200 noon & spoke with a man. he said to send the $150.00 in today. I'm sorry this is late. I've been verry ill. and it somehow got past me. I'm on medication now & hope to be OK. I wont ever forget this again. Thank you so much! Linda Zavcer

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

CR2E034 (11/00)

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: Linda D Zavcer Linda D. Zavcer V.P. 5-24-2001 941-423-0441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #