

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90094 022 ***150.00

80097500

DO NOT WRITE IN THIS SPACE

DOCUMENT # 333017 ✓
1. Entity Name
 Jon Meleric Inc.

Principal Place of Business Jon Meleric Inc.
Mailing Address 645 Rosewood Ct 6A
 Indian Harbour Bch, FL
 32937

2. Principal Place of Business 645 Rosewood Ct
 Suite, Apt. #, etc. 6A
 City & State Indian Harbour Beach, Florida
 Zip 32937 Country USA

3. Mailing Address 645 Rosewood Ct
 Suite, Apt. #, etc. 6A
 City & State Indian Harbour Beach FL
 Zip 32937 Country USA

4. FEI Number 59-1270392
 Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 John ChiarIELlo
 36 Marina Isle Blvd.
 In. Hrbr. Bch. FL 32937

7. Name and Address of New Registered Agent
 Name Margaret Rae ChiarIELlo
 Street Address (P.O. Box Number is Not Acceptable) 645 Rosewood Ct. 6A
 City Indian Harbour Beach FL Zip Code 32937

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 Margaret Rae ChiarIELlo **DATE** 5-8-00
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, 2000 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 President NAME Margaret Rae ChiarIELlo STREET ADDRESS 645 Rosewood Ct 6A CITY-ST-ZIP Indian Harbour Beach, FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Margaret Rae ChiarIELlo **DATE** 5-8-00 **321-299-9003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR