

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **344151**

1. Entity Name  
**MELDISCO K-M PLANT CITY, FL., INC.**

Principal Place of Business

**227 W ALEXANDRIA ST  
PLANT CITY FL 33566  
US**

Mailing Address

**933 MACARTHUR BLVD.  
MAHWAH NJ 07430**

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 **13-2634187**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYES ST  
SUITE 105  
TALLAHASSEE FL 32301**

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. 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

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete  
NAME **PROFFITT, RANDALL S**  
STREET ADDRESS **933 MACARTHUR BLVD.**  
CITY-ST-ZIP **MAHWAH NJ**

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

TITLE **PD** ☐ Delete  
NAME **SHEPARD, JEFFREY**  
STREET ADDRESS **933 MACARTHUR BLVD.**  
CITY-ST-ZIP **MAHWAH NJ**

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

TITLE **T** ☐ Delete  
NAME **GUINNESSY, KATHLEEN**  
STREET ADDRESS **933 MACARTHUR BLVD.**  
CITY-ST-ZIP **MAHWAH NJ 07430**

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

TITLE **S** ☐ Delete  
NAME **RICHARDS, MAUREEN**  
STREET ADDRESS **933 MACARTHUR BLVD.**  
CITY-ST-ZIP **MAHWAH NJ**

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

TITLE **AT** ☐ Delete  
NAME **BAUMLIN, THOMAS**  
STREET ADDRESS **933 MACARTHUR BLVD.**  
CITY-ST-ZIP **MAHWAH NJ 07430**

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

TITLE **AS** ☐ Delete  
NAME **WOJNO, THOMAS**  
STREET ADDRESS **833 MACARTHUR BLVD**  
CITY-ST-ZIP **MAHWAH NJ 07430**

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

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: **KATHLEEN GUINNESSY** **JUL 23 2002** **(201) 934-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

Date

Daytime Phone #

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

08-04-2002 90157 005 \*\*\*550.00

**B0133396**



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)