

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 344152

1. Entity Name

MILES MELDISCO K-M MOBILE H'WAY.FLA.. INC. 1437

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90378 040 ***150.00

Principal Place of Business

Mailing Address

4211 MOBILE HWY
PENSACOLA FL 32506
US

933 MACARTHUR BLVD.
MAHWAH NJ 07430-2045

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

13-2634189

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 HAYS STREET
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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME D
STREET ADDRESS PALIZZI, ANTHONY
CITY-ST-ZIP 3100 W.BIG BEAVER
TROY MI

TITLE ☐ Change ☒ Addition
NAME KATHLEEN GUINNESSY
STREET ADDRESS
CITY-ST-ZIP 933 MacARTHUR BLVD., MAHWAH, NJ 07430

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

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

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

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

TITLE ☒ Delete
NAME AT
STREET ADDRESS WOJNO, THOMAS
CITY-ST-ZIP 933 MACARTHUR BLVD.
MAHWAH NJ

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

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

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

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN GUINNESSY APR 1 8 2000

(201) 934-2000

Date

Daytime Phone #