

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 431905**

1. Entity Name

MELDISCO K-M CLEARWATER, FLA., INC. 1864**FILED**
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90378 018 ***150.00

Principal Place of Business	Mailing Address
U.S. HWY 19 N. CLEARWATER FL 33515	933 MACARTHUR BLVD MAHWAH NJ 07430-2045 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	22-2007053	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.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 State10. 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEPARD, JEFFREY	NAME	KATHLEEN GUINNESSY
STREET ADDRESS	933 MACARTHUR BLVD.	STREET ADDRESS	
CITY-ST-ZIP	MAHWAH NJ	CITY-ST-ZIP	933 MacARTHUR BLVD., MAHWAH, NJ 07430
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROFFITT, RANDALL S.	NAME	
STREET ADDRESS	933 MACARTHUR BLVD.	STREET ADDRESS	
CITY-ST-ZIP	MAHWAH NJ	CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMLIN, THOMAS	NAME	
STREET ADDRESS	933 MACARTHUR BLVD.	STREET ADDRESS	
CITY-ST-ZIP	MAHWAH NJ 07430	CITY-ST-ZIP	
TITLE	AT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOJNO, THOMAS	NAME	
STREET ADDRESS	933 MACARTHUR BLVD.	STREET ADDRESS	
CITY-ST-ZIP	MAHWAH NJ	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALIZZI, ANTHONY	NAME	
STREET ADDRESS	3100 W.BIG BEAVER	STREET ADDRESS	
CITY-ST-ZIP	TROY MI	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, MAUREEN	NAME	
STREET ADDRESS	933 MACARTHUR BLVD.	STREET ADDRESS	
CITY-ST-ZIP	MAHWAH NJ	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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 18 2000 (201) 934-2000

Date

Daytime Phone #