

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-01-2000 90378 012 ***150.00

DOCUMENT # 460900

1. Entity Name

MELDISCO K-M TARPON SPRINGS, FLA., INC.

2009

Principal Place of Business

Mailing Address

203 US 19 N
 TARPON SPRINGS FL 33589
 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 **22-2044737**

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

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 | P | <input type="checkbox"/> Delete |
| NAME | SHEPARD, JEFFREY | |
| STREET ADDRESS | 933 MACARTHUR BLVD. | |
| CITY-ST-ZIP | MAHWAH NJ | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | PROFFITT, RANDALL S. | |
| STREET ADDRESS | 933 MACARTHUR BLVD. | |
| CITY-ST-ZIP | MAHWAH NJ | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | PALIZZI, ANTHONY | |
| STREET ADDRESS | 3100 W.BIG BEAVER | |
| CITY-ST-ZIP | TROY MI | |
| TITLE | AT | <input checked="" type="checkbox"/> Delete |
| NAME | WOJNO, THOMAS | |
| STREET ADDRESS | 933 MACARTHUR BLVD. | |
| CITY-ST-ZIP | MAHWAH NJ | |
| TITLE | AT | <input type="checkbox"/> Delete |
| NAME | BAUMIN, THOMAS | |
| STREET ADDRESS | 933 MACARTHUR BLVD. | |
| CITY-ST-ZIP | MAHWAH NJ | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | RICHARDS, MAUREEN | |
| STREET ADDRESS | 933 MACARTHUR BLVD. | |
| CITY-ST-ZIP | MAHWAH NJ | |

| | | |
|----------------|--|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KATHLEEN GUINNESSEY | |
| STREET ADDRESS | 933 MacARTHUR BLVD., MAHWAH, NJ 07430 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 Guinnesssey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN GUINNESSEY APR 18 2000 (201) 934-2000

Date

Daytime Phone #