## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # 497555** MELDISCO K-M BEACON WOODS DR., FLA., INC. (2185)1. Entity Name 04-27-2001 90276 005 \*\*\*150.00 Principal Place of Business Mailing Address 12412 U.S. 19 933 MACARTHUR BLVD HUDSON FL 33567 MAHWAH NJ 07430-2045 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 22-2106920 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET STE. 105 TALLAHASSEE FL 32301 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 ☐ Delete TITLE ☐ Change Addition TITLE SHEPARD, JEFFREY NAME 933 MACARTHUR BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAHWAH NJ TITLE TITLE Change Addition De!ete PALIZZI, ANTHONY NAME NAME STREET ADDRESS STREET ADDRESS 3100 W.BIG BEAVER CITY-ST-7IP CITY-ST-ZIP TROY MI ☐ Change ☐ Addition TITLE ☐ Delete TITLE PROFFITT, RANDALL S. NAME NAME STREET ADDRESS STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP CITY-ST-7IP MAHWAH NJ ☐ Delete TITLE ☐ Change Addition TIME **BAUMIN, THOMAS** NAME NAME STREET ADDRESS STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP CITY - ST - ZIP MAHWAH NJ ☐ Delete ☐ Change ☐ Addition AT TITLE TITLE NAME WOJNO, THOMAS NAME STREET ADDRESS STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-Z!P CITY-ST-ZIP MAHWAH, NJ. Delete TITLE ☐ Change ☐ Addition TITLE RICHARDS, MAUREEN NAME STREET ADDRESS STREET ADDRESS 933 MACARTHUR BLVD. CITY - ST- 7IP CITY-ST-7IP MAHWAH NJ 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.

**FILED** 

AFR 16 2001 GOLL 934-2010

Daytime Prone #

THOMAS WOJNO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR