

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90057 041 ***150.00

C0077652



DO NOT WRITE IN THIS SPACE

DOCUMENT # 543018

1. Entity Name

MELDISCO K-M ALTAMONTE SPRINGS, FLA., INC. 2469

Principal Place of Business

Mailing Address

W HWY 436
TAMONTE SPRINGS FL 32701933 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 22-2166317

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 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 ☐ Delete
NAME SHEPARD, JEFFREY
STREET ADDRESS 933 MACARTHUR BLVD.
CITY-ST-ZIP MAHWAH NJTITLE ☐ Change ☒ Addition
NAME KATHLEEN GUINNESSEY
STREET ADDRESS 933 MacARTHUR BLVD., MAHWAH, NJ 07430
CITY-ST-ZIPTITLE V ☐ Delete
NAME PROFFITT, RANDALL S
STREET ADDRESS 933 MACARTHUR BLVD.
CITY-ST-ZIP MAHWAH NJTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☒ Delete
NAME PALIZZI, ANTHONY
STREET ADDRESS 3100 W. BIG BEAVER
CITY-ST-ZIP TROY MITITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE AT ☒ Delete
NAME WOJNO, THOMAS
STREET ADDRESS 933 MACARTHUR BLVD.
CITY-ST-ZIP MAHWAH NJTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE AT ☐ Delete
NAME BAUMIN, THOMAS
STREET ADDRESS 933 MACARTHUR BLVD.
CITY-ST-ZIP MAHWAH NJTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S ☐ Delete
NAME RICHARDS, MAUREEN
STREET ADDRESS 933 MACARTHUR BLVD
CITY-ST-ZIP MAHWAH NJTITLE ☐ 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 GUINNESSEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 18 2000

Date

(201) 934-2000

Daytime Phone #