

14767
2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90191 003 ***150.00

DOCUMENT # 626840

1. Entity Name

MELDISCO K-M TEMPLE TERRACE, FLA., INC.



Principal Place of Business

5400 E BUSCH BLVD
TAMPA FL 33617
US

Mailing Address

933 MACARTHUR BLVD.
MAHWAH NJ 07430

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

22-2258796

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Delete

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

☐ Delete

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

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

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

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Schilling 4/2/03 (845) 727-6577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)