

302826-ANR2002

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

08-04-2002 90159 025 \*\*\*550.00

**DOCUMENT # 633803**

1. Entity Name

**MELDISCO K-M PALM BAY, FLA., INC.**

Principal Place of Business

**4711 BABCOCK ST. N.E.  
PALM BAY FL 32905**

Mailing Address

**933 MACARTHUR BLVD  
MAHWAH NJ 07430-2045  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **22-2268248**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 HAYES STREET  
STE. 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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 | NAME                       | STREET ADDRESS                  | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS  | CITY-ST-ZIP |
|-------|----------------------------|---------------------------------|-------------|-------|------|---|-------------|
|       | <b>P</b>                   | <input type="checkbox"/> Delete |             |       |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |             |
|       | <b>SHEPARD, JEFFREY</b>    |                                 |             |       |      |   |             |
|       | <b>933 MACARTHUR BLVD.</b> |                                 |             |       |      |   |             |
|       | <b>MAHWAH NJ</b>           |                                 |             |       |      |   |             |
|       | <b>V</b>                   | <input type="checkbox"/> Delete |             |       |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |             |
|       | <b>PROFFITT, RANDALL S</b> |                                 |             |       |      |   |             |
|       | <b>933 MACARTHUR BLVD.</b> |                                 |             |       |      |   |             |
|       | <b>MAHWAH NJ</b>           |                                 |             |       |      |   |             |
|       | <b>D</b>                   | <input type="checkbox"/> Delete |             |       |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |             |
|       | <b>GUINNESSY, KATHLEEN</b> |                                 |             |       |      |   |             |
|       | <b>933 MAC ARTHUR BLVD</b> |                                 |             |       |      |   |             |
|       | <b>MAHWAH NJ 07430</b>     |                                 |             |       |      |   |             |
|       | <b>AT</b>                  | <input type="checkbox"/> Delete |             |       |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |             |
|       | <b>BAUMIN, THOMAS</b>      |                                 |             |       |      |   |             |
|       | <b>933 MCARTHUR BLVD.</b>  |                                 |             |       |      |   |             |
|       | <b>MAHWAH NJ</b>           |                                 |             |       |      |   |             |
|       | <b>S</b>                   | <input type="checkbox"/> Delete |             |       |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |             |
|       | <b>RICHARDS, MAUREEN</b>   |                                 |             |       |      |   |             |
|       | <b>933 MACARTHUR BLVD</b>  |                                 |             |       |      |   |             |
|       | <b>MAHWAH NJ</b>           |                                 |             |       |      |   |             |
|       |                            | <input type="checkbox"/> Delete |             |       |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |             |
|       |                            |                                 |             |       |      |   |             |
|       |                            |                                 |             |       |      |   |             |
|       |                            |                                 |             |       |      |   |             |

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

TREASURER

Date

Daytime Phone #

(201) 934-2000

CR2E034 (4/02)