

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

07-18-2003 90085 027 \*\*\*550.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 636196

1. Entity Name  
MELDISCO K-M ORLANDO, FLA., INC.

2912



Principal Place of Business  
3228 E COLONIAL DR  
ORLANDO, FL 32803 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

22-2269959

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current 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

B. 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 ministering)

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 P  
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 WOJNO, THOMAS  
STREET ADDRESS 933 MACARTHUR BLVD.  
CITY-ST-ZIP MAHWAH, NJ

Delete

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

Delete

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

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Signature and Typed or Printed Name of Signing Officer or Director

7/19/03

Daytime Phone #

CR2E034 (10/02)