

14767
**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

04-18-2003 90107 014 ***150.00

DOCUMENT # 660495

1. Entity Name

MELDISCO K-M SEMINOLE, FLA., INC.



Principal Place of Business

**7850 113TH ST
 SEMINOLE FL 34642
 US**

Mailing Address

**933 MACARTHUR BLVD.
 MAHWAH NJ 07430**

55039634



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

22-2299917

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

**UNITED STATES CORPORATION COMPANY
 1201 HAYES ST
 SUITE 105
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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

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

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

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

TITLE ☐ Delete
 NAME **AS BAUMLIN, THOMAS**
 STREET ADDRESS **3100 W. BIG BEAVER**
 CITY-ST-ZIP **TROY MI 07430**

TITLE ☐ Delete
 NAME **AT JOHNSON, MARK**
 STREET ADDRESS **933 MACARTHUR BLVD.**
 CITY-ST-ZIP **MAHWAH NJ**

TITLE ☐ Delete
 NAME **S RICHARDS, MAUREEN**
 STREET ADDRESS **933 MAC ARTHUR BLVD**
 CITY-ST-ZIP **MAHWAH NJ**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Assistant Secretary**
 STREET ADDRESS **Robert Schilling**
 CITY-ST-ZIP **51 CROSFIELD AVE., WEST NYACK, NY 10994**

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:

REQUIRED *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)