

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90200 046 ***150.00

DOCUMENT # 848025

1. Entity Name
CAR KEM PRODUCTS, INC.



Principal Place of Business
**4275 ST JOHNS PARKWAY
SANFORD FL 32771**

Mailing Address
**4275 ST JOHNS PARKWAY
SANFORD FL 32771**

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

52-0625286

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

**LAFLEUR, MARTYN
5300 VISTA CLUB RUN
SANFORD FL 32771**

Name: **Walter E. Melitshka, Jr.**

Street Address (P.O. Box Number is Not Acceptable)
173 Haviland Street

City **Longwood**

FL

Zip Code
32779

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: *Walter E. Melitshka, Jr.* **Walter E. Melitshka, Jr. President 04/04/2003**
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** ☒ Delete
NAME **LAFLEUR, MARTYN**
STREET ADDRESS **5300 VISTA CLUB RUN**
CITY-ST-ZIP **SANFORD FL 32771**

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

TITLE **STD** ☒ Delete
NAME **LAFLEUR, PATRICIA**
STREET ADDRESS **5300 VISTA CLUB RUN**
CITY-ST-ZIP **SANFORD FL 32771**

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

TITLE **V** ☐ Delete
NAME **MELITSHKA, WALTER E., JR**
STREET ADDRESS **173 HAVILLAND STREET**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **Melitshka, Walter E. Jr.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **STICKELS, DAVID E**
STREET ADDRESS **207 CANTERCLUB TRAIL**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **STD** ☐ Change ☒ Addition
NAME **Melitshka, Susan L.**
STREET ADDRESS **173 Haviland Street**
CITY-ST-ZIP **Longwood, FL 32779**

TITLE **V** ☐ Delete
NAME **LUCIDO, GREG C**
STREET ADDRESS **9217 NEPTUNES BASIN CT.**
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Walter E. Melitshka, Jr.* **Walter E. Melitshka, Jr. 04/04/2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)