

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0093767 AV

DOCUMENT # F79230

1. Entity Name
MELIX CORPORATION

04-01-2002 90043 049 ***150.00

| | |
|---|---|
| Principal Place of Business 6100 PAYNE STEWART DRIVE WINDERMERE FL 34786 US | Mailing Address 200 S ORANGE AVE SUITE 2300 ORLANDO FL 32801-3432 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-2185488 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | | | |
|---|--|--|--|--|--|----|--|----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| AGC CO 200 S ORANGE AVE SUITE 2300 ORLANDO FL 32801 | | | | 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|-------------------------|---------------------------------|--|---|--------------------------|--|--|
| TITLE | VDT | <input type="checkbox"/> Delete | | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VOSS, JEFF | | | NAME | | | |
| STREET ADDRESS | 9701 CHESTNUT RIDGE DR. | | | STREET ADDRESS | 6100 PAYNE STEWART DRIVE | | |
| CITY-ST-ZIP | WINDERMERE FL 34786 | | | CITY-ST-ZIP | WINDERMERE FL 34786 | | |
| TITLE | SD | <input type="checkbox"/> Delete | | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SILVERTON, VIVIANNE | | | NAME | | | |
| STREET ADDRESS | 9701 CHESTNUT RIDGE DR. | | | STREET ADDRESS | 6100 Payne Stewart Dr | | |
| CITY-ST-ZIP | WINDERMERE FL 34786 | | | CITY-ST-ZIP | WINDERMERE FL 34786 | | |
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | THAKKAR, RASESH | | | NAME | | | |
| STREET ADDRESS | 9701 CHESTNUT RIDGE DR. | | | STREET ADDRESS | 6100 Payne Stewart Dr | | |
| CITY-ST-ZIP | WINDERMERE FL 34786 | | | CITY-ST-ZIP | WINDERMERE FL 34786 | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

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 and all other information empowered.

SIGNATURE: Jefferson Voss **3/13/02** (407) 870-5432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

ATTACHMENT

BAKER
&
HOSTETLER LLP
COUNSELLORS AT LAW

200 SOUTH ORANGE AVENUE • SUNTRUST CENTER, SUITE 2300 • P.O. BOX 112 • ORLANDO, FLORIDA 32802-0112 • (407) 649-4000
FAX (407) 841-0188
WRITER'S DIRECT DIAL NUMBER 649-4681

March 21, 2002

Annual Reports Filings
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: 2002 Uniform Business Report for Melix Corporation
Document No. F79230 / 1616001

Dear Sir or Madam:

Enclosed please find the 2002 Profit Corporation Uniform Business Report for the above-referenced entity. Also enclosed is a check in the amount of \$150.00 to cover the cost of the filing fee.

If you have any questions regarding this matter, please do not hesitate to contact our office.

Very truly yours,


Sandra A. Mantzaris

Legal Assistant, Corporate Maintenance

Enclosures

cc: Barbara A. Egolf, Esq. (w/o encs.)
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