

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90815 002 \*\*\*150.00

**DOCUMENT # F93042**

1. Entity Name  
**ATLANTIC MEASUREMENT & CONTROL, INC.**



Principal Place of Business

3930 SOUTH NOVA RD  
SUITE 201  
PORT ORANGE, FL 32127 US

Mailing Address

% LAWRENCE THOMAS MELIA  
P.O. BOX 220  
NEW SMYRNA BEACH, FL 32170

**10095849**

2. Principal Place of Business

**4006 Swamp Deer Rd**

Suite, Apt. #, etc.

3. Mailing Address

**Lawrence Thomas Melia**

Suite, Apt. #, etc.

**PO Box 310**



☒ CHECK HERE IF MAKING CHANGES

City & State

**New Smyrna Beach, FL**

City & State

**Hialeah, HI**

4. FEI Number

**59-2214771**

Applied For

Not Applicable

Zip

**32168**

Country

**US**

Zip

**96712**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROTHHOLZ, JIM  
4357 WHITING WAY  
EDGEWATER, FL 32141

7. Name and Address of New Registered Agent

Name

**Tim McCaddon**

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

**4006 Swamp Deer Road**

City

**New Smyrna Beach**

FL

Zip Code

**32168**

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

**Tim McCaddon**

**Tim McCaddon - Operations Manager 4-28-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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**  
STREET ADDRESS **MELIA, LAWRENCE THOMA**  
CITY-ST-ZIP **PO BOX 220 N/A**  
**NEW SMYRNA BCH, FL 32170**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **~~PD~~ Lawrence Thomas Melia**  
STREET ADDRESS **PO Box 310**  
CITY-ST-ZIP **Hialeah, HI 96712**

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

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

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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:

**Lawrence Thomas Melia**

**Lawrence Thomas Melia - President/Director**  
**4-28-03 808.638.9060**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)