

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000102

1. Entity Name

MELBOURNE RESOURCES, INC.

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90149 015 ***158.75

Principal Place of Business

1327 OAK ST.
MELBOURNE FL 32901

Mailing Address

C/O MEDICAL RESOURCES, INC
125 STATE ST. STE 200-LEGAL DEPT.
HACKENSACK NJ 07601

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 22-3122615

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when re-statuting)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
V	ALLEN, GERALD H	449 10TH AVENUE WEST	PALMETTO FL 34221				
PD	WHYNOT, GEOFFREY A	125 STATE ST, STE 200	HACKENSACK NJ 07601				
T	MCCABE, DAVID M	125 STATE ST, STE 200	HACKENSACK NJ 07601				
VSD	JOYCE, CHRISTOPHER J	125 STATE ST, STE 200	HACKENSACK NJ 07601				

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER J. JOYCE

Date

4-19-01 (941) 721-4921

Daytime Phone #

CR2E034 (10/00)