

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90053 022 ***550.00

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DOCUMENT # F97000000158

1. Entity Name
MELTON MANAGEMENT, INC.



Principal Place of Business
**880 JUPITER PARK DR
SUITE 5
JUPITER FL 33468
US**

Mailing Address
**P.O. BOX 2880
JUPITER FL 33468
US**



2. Principal Place of Business
6778 LANTANA ROAD

3. Mailing Address
P.O. BOX 541299

Suite, Apt. #, etc.
SUITE 8

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
LAKE WORTH FL

City & State
LAKE WORTH FL

4. FEI Number **72-1278148**

Applied For
Not Applicable

Zip
33467

Country
USA

Zip
33454

Country
USA

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

**DIEHL, FRED
880 JUPITER PARK DR
JUPITER FL 33468**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MELTON, H K 880 JUPITER PARK DR JUPITER FL 33468	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD WATSON, MARK 880 JUPITER, FL JUPITER FL 33468	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/03

Date

(561) 721-2927

Daytime Phone #

CR2E034 (10/02)