

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G28999

1. Entity Name

MELISAMDE, INC

Principal Place of Business

5164 S FLORIDA AVE  
STE S-1  
INVERNESS FL 34450  
US

Mailing Address

5164 S FLORIDA AVE  
STE S-1  
INVERNESS FL 34450  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

OLIVIER, JACQUES  
650 E.DAKOTA COURT  
HERNANDO FL 34442

7. Name and Address of New Registered Agent

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 reinstating)

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 P ☐ Delete  
NAME BOINET, MADELEINE  
STREET ADDRESS 260 E.DAKOTA CT.  
CITY-ST-ZIP HERNANDO FL

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

TITLE S ☒ Delete  
NAME BOINET, ANNE-SOPHIE  
STREET ADDRESS 260 E.DAKOTA CT.  
CITY-ST-ZIP HERNANDO FL

TITLE SECRETARY/TREASURER ☐ Change ☒ Addition  
NAME DANIELLE OLIVIER  
STREET ADDRESS 260 E DAKOTA CT.  
CITY-ST-ZIP HERNANDO FL

TITLE V ☒ Delete  
NAME OLIVIER, JACQUES  
STREET ADDRESS 650 E.DAKOTA CT.  
CITY-ST-ZIP HERNANDO FL

TITLE V ☐ Change ☒ Addition  
NAME GABRIELLE COOK  
STREET ADDRESS P O BOX 1704  
CITY-ST-ZIP INVERNESS FL 34451

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

GABRIELLE COOK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GABRIELLE COOK V.

Date

4/3/01 (352)726-5430  
Daytime Phone #

FILED  
Apr 09, 2001 8:00 am  
Secretary of State

04-09-2001 90002 034 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)