## **FILED** May 29, 2002 8:00 am § Secretary of State

05-29-2002 90694 028 \*\*\*550 00

## 2002 UNIFORM BUSINESS REPORT (UBR)

G68577

**DOCUMENT #** 

1. Entity Name JOHN C. MELTON, INC.

Principal Place of Business

204 77TH STREET WEST **BRADENTON FL 34209** 

Mailing Address

204 77TH STREET WEST

**BRADENTON FL 34209** 

2. Principal Place	e of Business	3. Mailing Address  Suite, Apt. #, etc.				
Suite, Apt. #, e	etc.,					
City & State		City & State				
Zip	Country	Zip	Country	ł		



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 59-2328331 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent MELTON, JOHN C. 204 77TH STREET WEST

7: Name and Address of New Registered Agent								
Name	_	د په سارسيند	F==	-		g	-	
Street Add	ress	(P.O. Box Num	ber is No	t Acce	ptable)			

Name and Address of New Posistered Asset

City

Zip Code FL

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

(See criteria on back)

Tax filing requirement and elects to do so.

**BRADENTON FL 34209** 

SIGNATURE

TITLE

TITI F

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

(NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible

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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.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PST** ☐ Delete TITLE Addition Change NAME MELTON, JOHN C. NAME STREET ADDRESS 204 77TH STREET WEST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP TITLE ☐ Delete T!T! F ☐ Addition NAME MELTON, JOHN C. NAME STREET ADDRESS 204 77TH STREET WEST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

☐ Delete TITLE STREET ADDRESS

NAME STREET ADDRESS

☐ Delete TITLE STREET ADDRESS

CITY-ST-ZIP ☐ Delete TITLE

> NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

Change

☐ Change

☐ Change ☐ Addition

☐ Addition

Addition

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:

MELJON President 5-14-02 941 7928712

CR2E034 (9/01)