

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G89527

1. Entity Name

MEL-RE CONSTRUCTION, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90255 004 ***150.00

Principal Place of Business

12670 NEW BRITTANY BLVD.
SUITE 203-A
FT. MYERS FL 33907

Mailing Address

12670 NEW BRITTANY BLVD.
SUITE 203-A
FT. MYERS FL 33907-3650

2. Principal Place of Business

15051 S. TAMiami Trail
Suite, Apt. #, etc.
#203

3. Mailing Address

15051 S. TAMiami Trail
Suite, Apt. #, etc.
#203

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33908

Country

USA

Zip

33908

Country

USA

4. FEI Number

59-2382168

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

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, 2000 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	SD	<input type="checkbox"/> Delete
NAME	ADKINS, EDWARD D.	
STREET ADDRESS	12670 NEW BRITTANY BLVD	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	P	<input type="checkbox"/> Delete
NAME	STULTZ, JOHN M	
STREET ADDRESS	12670 NEW BRITTANY BLVD	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	15051 S. TAMiami TRAIL #203
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	15051 S. TAMiami TRAIL #203
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD D. ADKINS
3-20-00

Date

941-466-7737

Daytime Phone #

CR2E034 (9/99)