

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90297 009 ***150.00

DOCUMENT # H97205

1. Entity Name
MELDISCO K-M OLDSMAR, FL., INC. (3416)

Principal Place of Business 3801 STATE RD. 586 OLDSMAR FL 33557	Mailing Address 933 MACARTHUR BLVD MAHWAH NJ 07430-2045 US
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000942



DO NOT WRITE IN THIS SPACE

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

4. FEI Number 22-2685671	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
1201 HAYES STREET
STE. 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 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 _____ (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.

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 <input type="checkbox"/> Delete
NAME	SHEPARD, JEFFREY
STREET ADDRESS	933 MACARTHUR BLVD.
CITY - ST - ZIP	MAHWAH NJ
TITLE	V <input type="checkbox"/> Delete
NAME	PROFFITT, RANDALL S
STREET ADDRESS	933 MACARTHUR BLVD.
CITY - ST - ZIP	MAHWAH NJ
TITLE	T <input type="checkbox"/> Delete
NAME	GUINNESSEY, KATHLEEN
STREET ADDRESS	933 MACARTHUR BLVD.
CITY - ST - ZIP	MAHWAH NJ 07430
TITLE	AT <input type="checkbox"/> Delete
NAME	BAUMLIN, THOMAS
STREET ADDRESS	933 MACARTHUR BLVD.
CITY - ST - ZIP	MAHWAH NJ 07430
TITLE	S <input type="checkbox"/> Delete
NAME	RICHARDS, MAUREEN
STREET ADDRESS	933 MACARTHUR BLVD
CITY - ST - ZIP	MAHWAH NJ
TITLE	<input type="checkbox"/> Delete
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	
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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:

THOMAS WOJNO

APR 16 2001

(201) 934-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)