## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

J52021

1. Entity Name

MCMELON, INCORPORATED



**FILED** Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90237 021 \*\*\*150.00

V4 300 00 1

			GOO WE IN	
Principal Place of Business 233 EAST PARK AVE. LAKE WALES FL 33853 US		Mailing Address P.O. BOX 1077 LAKE WALES FL 33859		
2. Principal Plac	ce of Business	3. Mailing Address		) (\$61)(C \$14: \$100 ) \$100
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-2829096 Applied For Not Applicable
Zip Country		Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
			<u>-  </u>	7. Name and Address of New Registered Agent
	6. Name and Address of Curre	ent Registered Agent	Name	
MACK, ARI	NOLD H.		Street Addres	ss (P.O. Box Number is Not Acceptable)
233 EAST				
LAKE WALES FL 33853		City	FL Zip Code	
8. The above :	named entity submits this statemen	nt for the purpose of changing	its registered office or regi	istered agent, or both, in the State of Florida. I am familiar with, and accept
the obligation	ons of registered agent.			
SIGNATURE _	Signature, typed or printed name of registered a	gent and title if applicable (	NOTE: Registered Agent signature re-	quired when reinstating) DATE
FI	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.	.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
Make Check	Payable to Florida Departmen	nt of State	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
10.		AND DIRECTORS	TITLE	☐ Change ☐ Addition
TITLE	PD ADMOLD	☐ Delete	NAME	☐ Change ☐ Addition
NAME	MACK, ARNOLD 233 EAST PARK AVE		STREET ADDRESS	į į
STREET ADDRESS CITY-ST-ZIP	LAKE WALES FL		CITY-ST-ZIP	
<del></del>	V	☐ Delete	TITLE	☐ Change ☐ Addition
TITLE NAME	MACK,, HUEY H		NAME	
STREET ADDRESS	HIGHWAY 59 SOUTH		STREET ADDRESS	
CITY-ST-ZIP	ROBERTSDALE AL		CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	ST	☐ Delete	TITLE NAME	,
NAME	MACK, CHANDLER		STREET ADDRESS	
STREET ADDRESS	704 S EASY STREET SEBASTIAN FL 32958		CITY-ST-ZIP	
CITY-ST-ZIP	SEDASTIAN PL S2800		TITLE	☐ Change ☐ Addition
TITLE		Delete	NAME	
NAME STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	Change Addition
		☐ Delete	TITLE	Change   Nation
TITLE NAME			NAME	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	_
CITY-ST-ZIP				☐ Change ☐ Addition
TITLE		☐ Delete	TITLE NAME	
NAME			STREET ADDRESS	
STREET ADDRESS	5		CITY-ST-ZIP	
CITY-ST-ZIP	<u></u>	at this files does not give		ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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 arachment with an address, with all other like empowered.

**SIGNATURE** 

Daytime Phone #