

DOCUMENT # K08435

1. Entity Name
MELENDI, GIBBONS & GARCIA, P.A.

Principal Place of Business

% JOSEPH E. MELENDI
300 N FRANKLIN ST
TAMPA FL 33602

Mailing Address

% JOSEPH E. MELENDI
300 N FRANKLIN ST
TAMPA FL 33602

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90004 012 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2815928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MELENDI, JOSEPH E.
300 N FRANKLIN ST
TAMPA FL 33602

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DPT	MELENDI, JOSEPH E.	300 N FRANKLIN ST	TAMPA FL 33602	<input type="checkbox"/>
S	MELENDI, JOSEPH E.	300 N FRANKLIN ST	TAMPA FL 33602	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Statute, indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made on behalf of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my report is not 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

Post-It™ brand fax transmittal

To _____
Co. _____
Dept. _____
Fax # _____

1/5/00
Date

CR2E034 (10/00)