

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90356 032 ***150.00

DOCUMENT # L38566

1. Entity Name
DAVID H. MELVIN, INC.

Principal Place of Business
4428 LAFAYETTE STREET
MARIANNA FL 32446

Mailing Address
PO BOX 840
MARIANNA FL 32447
US

010000



DO NOT WRITE IN THIS SPACE

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

4. FEI Number	59-2990336	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELVIN, DAVID H.
4428 LAFAYETTE STREET
MARIANNA FL 32446

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	DP <input type="checkbox"/> Delete
NAME	MELVIN, DAVID H.
STREET ADDRESS	4646 THE OAKS DR
CITY-ST-ZIP	MARIANNA FL 32447
TITLE	V <input type="checkbox"/> Delete
NAME	BEARWOOD, BRIAN
STREET ADDRESS	4428 LAFAYETTE STREET/POST OFFICE BOX 13
CITY-ST-ZIP	MARIANNA FL
TITLE	S <input type="checkbox"/> Delete
NAME	NOBLES, LEON E III
STREET ADDRESS	2373 BRIDGE CREEK RD
CITY-ST-ZIP	MARIANNA FL 32446
TITLE	V <input type="checkbox"/> Delete
NAME	SNELGROVE, PAUL
STREET ADDRESS	2491 SPRING CREEK ROAD
CITY-ST-ZIP	MARIANNA FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William C. Nobles
STREET ADDRESS	2879 Magnolia Blossom Lane
CITY-ST-ZIP	Marianna, FL 32446
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: **Leon E. Nobles, III** 2-22-01 850-482-3045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)