

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90012 042 ***150.00

DOCUMENT # L48025

1. Entity Name

M ASSOCIATES, INC.

Principal Place of Business

C/O PAUL MELECH
P.O. BOX 2780
BRANDON FL 33509

Mailing Address

C/O PAUL MELECH
P.O. BOX 2780
BRANDON FL 33509

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 59-2987824

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

MELECH, PAUL
6312 S 78TH ST
RIVERVIEW FL 33569

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MELECH, PAUL
STREET ADDRESS 11810 GAIL DRIVE
CITY-ST-ZIP TEMPLE TERRANCE FL

TITLE D ☒ Change ☐ Addition
NAME MELECH, PAUL
STREET ADDRESS 6419 E. MACLAURIN DRIVE
CITY-ST-ZIP TAMPA, FL 33647

TITLE D ☐ Delete
NAME MURRAY, RAYMOND M.
STREET ADDRESS 2103 DOEFIELD CT.
CITY-ST-ZIP VALRICO FL

TITLE D ☒ Change ☐ Addition
NAME MURRAY, RAYMOND M.
STREET ADDRESS 6427 E. MACLAURIN DRIVE
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Paul J. Melech, Jr.

Date

4/3/01

Daytime Phone #

813-671-2218

CR2E034 (10/00)