## **FILED** Aug 01, 2002 8:00 am Secretary of State 08-01-2002 90165 015 \*\*\*550.00

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M95869 **DOCUMENT #** 1. Entity Name MELDISCO K-M 1140 E. JOHN SIMS PKWY., FL., INC. Principal Place of Business Mailing Address 1140 E JOHN SIMS PKWY 933 MAC ARTHUR BLVD NICEVILLE FL 32578 MAHWAH NJ 07430

303545-ANRAC 2002 UNIFORM BUSINESS REPORT (UBR)

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2. Principal	Place of Busir	ness	3. Mailing Address			- C FORTHANT THE TRUES BEING BEING CENTA CHAIL BIRTH BY BIRTH BIRTH				
Suite, Apt	. #, etc.	,	Suite, Apt. #, etc.		1	DO NOT WRITE IN THIS SPACE				
City & Sta	te	11.	City & State		4. F	El Number <b>22-2917061</b>	<del></del>		oplied For	
Zip		Country	Zip Country		<b>5.</b> C	ertificate of Status Desired	¢0.75			
-	6. Name	and Address of Current R	egistered Agent			7. N	ame and Address of New Rec	istered A	Agent	
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET					Name Street Address (P.O. Box Number is Not Acceptable)					
SUITE 105 TALLAHASSEE FL 32301 Cit			City			FL	Zip Cod	e		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE										
	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	: Registered Ag	ent signature require	d when rein	nstating)	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 After September 13, 2002 Fee Make Check Payable to Depa			will be \$750		10. Election Campaign Finan Trust Fund Contribution.	icing		May Be to Fees		
11.		OFFICERS AND D	BECTORS	12.		ADC	DITIONS/CHANGES TO OFFICE	EDG VIID	DIRECTOR	S INI 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		EY, KATHLEEN RTHUR BLVD.	☐ Delete	TITLE NAME STREET A		ADE	ATTONOS OF TANGLES TO OF FIGURE	LIIS AND	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEPARD, 933 MACA MAHWAH I	rthur blvd	☐ Delete	TITLE NAME STREET AI CITY-ST-					☐ Change	Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		, maureen Rthur Blyd Nj	☐ Delete	TITLE NAME STREET AC CITY-ST-	ı				☐ Change	Addition
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET AN	IDDECC				☐ Change	Addition

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 appears, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

(201) 934-2000