

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90235 010 \*\*\*150.00

**DOCUMENT # P00000025775**

1. Entity Name  
**SPIESSL MELTON AND ASSOCIATES, INC.**

Principal Place of Business      Mailing Address  
 5150 S. FLORIDA AVE.              5150 S. FLORIDA AVE.  
 LAKELAND FL 34813                LAKELAND FL 34813

00004491 - 7280



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**119 S KENTUCKY AVE**      **119 S. KENTUCKY AVE**  
 Suite, Apt. #, etc.                  Suite, Apt. #, etc.

City & State      City & State  
**LAKELAND FL**      **LAKELAND FL**  
 Zip      Country      Zip      Country  
**33801**      **USA**      **33801**      **USA**

4. FEL Number      Applied For  
**59 3588335**      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MELTON, JANET REBECCA T**  
**5150 S. FLORIDA AVE.**  
**LAKELAND FL 34813**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**CHANGE → 119 S. KENTUCKY AVE.**  
 City      State      Zip Code  
**LAKELAND FL 33801**

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 **JANET REBECCA T. MELTON**      *Janet Rebecca T Melton 6/30/01*  
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	PD	<input type="checkbox"/> Delete
NAME	MELTON, THOMAS L	
STREET ADDRESS	5150 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND FL 34813	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SPIESSL, LUDWIG	
STREET ADDRESS	5150 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND FL 34813	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MELTON, JANET REBECCA T	
STREET ADDRESS	5150 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND FL 34813	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TUCKER, JANET H	
STREET ADDRESS	5150 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND FL 34813	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	119 S KENTUCKY AVE	
CITY-ST-ZIP	(LAKELAND FL 33801)	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	119 S KENTUCKY AVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	119 S KENTUCKY AVE	
CITY-ST-ZIP	LAKELAND FL 33801	
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: **Janet Rebecca T Melton**      *JRM*      **863-687-3734**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)