

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90171 006 ***150.00

DOCUMENT # P00000062656

1. Entity Name

Melvin Demers, P.A.



DO NOT WRITE IN THIS SPACE

11009645

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13409 Fountainbleau Dr

Suite, Apt. #, etc.

3. Mailing Address

13409 Fountainbleau Dr

Suite, Apt. #, etc.

City & State

Clermont, Florida

City & State

Clermont, Florida

Zip

34711

Country

U.S.

Zip

34711

Country

U.S.

4. FEI Number

59-3656094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Melvin E. Demers

Street Address (P.O. Box Number is Not Acceptable)

13409 Fountainbleau Drive

City

Clermont

FL

Zip Code

34711

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
Melvin E. Demers
13409 Fountainbleau Drive
Clermont, FL 34711

TITLE
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IN THIS SPACE**

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Melvin Demers P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2003

Date

407 877 0325

Daytime Phone #