Applied For Not Applicable Additional

FILED

Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90094 012 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P00000068163

1. Entity Name

MELISSA BURNS, INC.



Principal Place of Business

Mailing Address

1516 E. HILLCREST ST., SUITE 307 ORLANDO FL 32803 2. Principal Place of Business		1516 E. HILLCREST ST., SUITE 307 ORLANDO FL 32903 3. Mailing Address			60003039 		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4.	FEI Number 59-3707313	Applied For Not Applicat	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7.	7. Name and Address of New Registered Agent		
1516 E. ORLAND	ations of registered agent.		City	registered aç	Box Number is Not Acceptable) Figent, or both, in the State of Florida. I are	— n familiar with, and accep	
Afte	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550. k Payable to Florida Departmer	.60			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS 1			A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, MELISSA 1516 E. HILLCREST ST., SUI ORLANDO FL 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Additio	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change ☐ Addition	

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Date

Daytime Phone #