

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91505 032 \*\*\*150.00

**DOCUMENT # P00000100209**

**1. Entity Name**  
**MELNET, INC.**

**Principal Place of Business**

**4600 SMITHFIELD RD**  
**MELBOURNE FL 32934**

**Mailing Address**

**4600 SMITHFIELD RD**  
**MELBOURNE FL 32934**

**2. Principal Place of Business**

*4600 Smithfield Road*

**3. Mailing Address**

*4600 Smithfield Road*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

DO NOT WRITE IN THIS SPACE

*59-3685108*

**4. FEI Number**

**50-3685105**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SNELL, CHARLES L JR**  
**4600 SMITHFIELD RD**  
**MELBOURNE FL 32934**

**7. Name and Address of New Registered Agent**

**Name**

**Street Address (P.O. Box Numbers Not Acceptable)**

*4600 Smithfield Road*

**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, 2002 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** **DP** ☐ Delete  
**NAME** **SNELL, CHARLES L JR**  
**STREET ADDRESS** **4600 SMITHFIELD RD**  
**CITY-ST-ZIP** **MELBOURNE FL 32934**

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

**TITLE** **DST** ☐ Delete  
**NAME** **SNELL, CYNTHIA M**  
**STREET ADDRESS** **4600 SMITHFIELD RD**  
**CITY-ST-ZIP** **MELBOURNE FL 32934**

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

**TITLE** **D** ☐ Delete  
**NAME** **CARTIER, KYLE**  
**STREET ADDRESS** **8782 PINE BARRENS DRIVE**  
**CITY-ST-ZIP** **ORLANDO FL 32817**

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

**TITLE** **D** ☐ Delete  
**NAME** **SNELL, MATTHEW C**  
**STREET ADDRESS** **710 SHARPSBURG CIRCLE**  
**CITY-ST-ZIP** **BIRMINGHAM AL 35213**

**TITLE** ☒ Change ☐ Addition  
**NAME** **3379 S. Kirkman Road Apt. 1033**  
**STREET ADDRESS** **Orlando, FL 32811**  
**CITY-ST-ZIP**

**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  
**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:**

*Cynthia M. Snell*  
**Cynthia M. Snell**

*4-10-02*  
**4-10-02**

*321-259-9766*  
**321-259-9766**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

*Attachment*

*#PO0000100209*

Melnet, Inc.  
4600 Smithfield Road  
Melbourne, FL 32934

April 10, 2002

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Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Incorrect FEI Number (59-3685105)

The 2002 Uniform Business Report shows the wrong FEI Number.

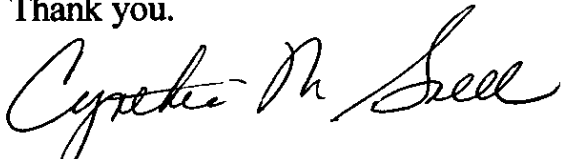
The correct number is:

59-3685108

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Please make the change.

Thank you.



CYNTHIA M. SNELL,  
SECRETARY/TREASURER