

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90108 036 \*\*\*150.00

**DOCUMENT # P01000083246**

1. Entity Name  
**MECHELOPT, INC.**

Principal Place of Business  
**2815 ALBEMARLE STREET  
 MELBOURNE FL 32901**

Mailing Address  
**2815 ALBEMARLE STREET  
 MELBOURNE FL 32901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3739608**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOKOL, MICHAEL  
 2815 ALBEMARLE STREET  
 MELBOURNE FL 32901**

Name

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

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. 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

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **SOKOL, MICHAEL**  
 CITY-ST-ZIP **2815 ALBEMARLE STREET  
 MELBOURNE FL 32901**

TITLE ☒ Change ☐ Addition  
 NAME **D/P/S/T**  
 STREET ADDRESS **Sokol Michael**  
 CITY-ST-ZIP **2815 Albemarle St.  
 Melbourne, FL 32901**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

**Michael Sokol**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/13/02 (321) 968-8752**

Date Daytime Phone #

CR2E034 (4/02)

attachment

677961

P01000083246

Septmeber 13, 2002

Uniform Business Reports  
Division Of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Document # P01000083246  
MECHELOPT, INC.

To Whom It May Concern:

Please be advised that we did not receive any Uniform Business Report notification prior to Septemeber 1, 2002, at the principal place of business, 2815 Albemarle Street, Melbourne, Florida 32901.

We beg the Division to abate the penalties because the delay in filing was not due to our negligence.

Please find enclosed our company check in the amount of \$150.00 with a completed Uniform Business Report for the year 2002.

Sincerely,

*Michael Sokol*

Michael Sokol  
President