

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

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90744 045 ***150.00

DOCUMENT # *P03000009286*
1. Entity Name
ROMAN MELICH TRANSPORT
D.B.A. R.M.T.I.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14421 KRISTENRIGHT LN.
Apt. #, etc.

3. Mailing Address
14421 KRISTENRIGHT LN.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando FL
Zip
32826

City & State
ORLANDO FLORIDA
Zip
32826

4. FEI Number
03-0517636

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **ROMAN MELICH**

Street Address (P.O. Box Number is Not Acceptable)
14421 KRISTENRIGHT LN.

City **ORLANDO**

FL

Zip Code
32826

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 *Roman Melich* **ROMAN MELICH**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

04/27/04
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
PRESIDENT
ROMAN MELICH
14421 KRISTENRIGHT LN.
ORLANDO, FL. 32826

TITLE
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CITY-ST-ZIP

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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: *Roman Melich* **ROMAN MELICH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/04 **407 9633527**
Date Daytime Phone #

CR2E034B (12/02)