

FILED
May 06, 2005 8:00 am
Secretary of State

50049773

DOCUMENT # PO4000123893		Secretary of State 05-06-2005 90090 028 ***150.00	
1. Entity Name <div style="font-family: cursive; font-size: 1.5em; margin-top: 5px;">Melo Trucking, Inc.</div>			
Principal Place of Business 5203 N ROBERT SCOTT DR JACKSONVILLE, FL 32207		Mailing Address PO BOX 16952 JACKSONVILLE, FL 32245-6952	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		 Chg-P CR2E034 (10/03)	
		4. FEI Number <div style="font-size: 1.2em;">20-1576730</div>	Applied For <input checked="" type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMAJLOVIC, MEVLUDIN 5203 N ROBERT SCOTT DR JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent 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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div>SIGNATURE: </div><div>DATE: <div style="font-size: 1.2em;">4-30-05</div></div></div> <small>(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SMAJLOVIC, MEVLUDIN 5203 N ROBERT SCOTT DR JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: <div style="font-size: 1.2em;">4-30-05</div> Daytime Phone #: <div style="font-size: 1.2em;">733-4547</div>	