303990-ANR2002

2002 UNIFORM BUSINESS REPORT (UBR)

P93000042540 **DOCUMENT#**

1. Entity Name

MELDISCO K-M ORMOND BEACH, FL., INC.

FILED Aug 01, 2002 8:00 am Secretary of State 08-01-2002 90165 026 ***550.00

		1.5		· · · · · · ·			
Principal Place of Business 1458 W GRANADA BLVD ORMOND BCH FL 32174 US		Mailing Address 933 MACARTHUR BLVD MAHWAH NJ 07430 US					
2. Principal Place of Business		3. Mailing Address		{		IIII BIBIT BÜÜ IBBI 🐎	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 22-3238029		Applied For
Zip	Country	Zip	Country	5.	Certificate of Status Desired	□ \$8.75 Fee Req	Additional
	6. Name and Address of Current I	Registered Agent	1.,	7. (Name and Address of New Re	· · · · · · · · · · · · · · · · · · ·	dired
			Nan				
UNITED STATES CORPORATION COMPANY 1201 HAYES ST			Stre	Street Address (P.O. Box Number is Not Acceptable)			
SUITE 10							
	SSEE FL 32301		City			FL Zip (Code
8. The above	named entity submits this statement for	the purpose of changing its	registered offic	e or registered ac	ent, or both, in the State of Flor	ida Lam familiar w	ith and accent
	tions of registered agent.	the perpendicularity ne	rogiotoroa ome	o or regions on ag	· ·	ida. Tarritarina v	ibi, and accept
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	E: Registered Agent s	ignature required when r	einstating)	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 \$75 Make Check Payable to Department of S		ill be \$750.00	10. Election Campaign Fina Trust Fund Contribution.		5.00 May Be ded to Fees
11.	OFFICERS AND I	DIRECTORS	12.	AD	L DITIONS/CHANGES TO OFFICE	CERS AND DIRECT	ORS IN 11
TITLE	PD	☐ Delete	TITLE			Chan	ge 🔲 Addition
NAME	SHEPARD, JEFFREY		NAME	-			
STPAET ADDRESS CITY-ST-ZIP	933 MACARTHUR BLVD MAHWAH NJ		STREET ADDRI	iss			
TITLE	V	□ Delete	TITLE			Chan	ne Maddition
NAME	PROFFITT, RANDALL S	L Delete	NAME			C Clian	je 🗀 Audillon
STREET ADDRESS	933 MACARTHUR BLVD		STREET ADDRE	ess			
CITY-ST-ZIP	MAHWAH NJ		CITY-ST-ZIP				
TITLE	T CHIMINISTOREY KATHUSEN	☐ Delete	TITLE			Chang	ge 🗌 Addition
NAME STREET ADDRESS	GUINNESSEY, KATHLEEN 933 MACARTHUR BLVD		NAME STREET ADDRE	ss -	· • • ·		
CITY-ST-ZIP	MAHWAH NJ 07430		CITY-ST-ZIP	-			
TITLE	AT	☐ Delete	TITLE		* 1	Chang	ge Addition
NAME .	BAUMLIN, THOMAS	•	NAME				
STREET ADDRESS CITY-ST-ZIP	933 MACARTHUR BLVD MAHWAH NJ 07430		STREET ADDRE	SS			
TITLE	S	Delete	TITLE			☐ Chang	ge
NAME	RICHARDS, MAUREEN	□ Delete	NAME				Jo 🗀 Addition
STREET ADDRESS	933 MAC ARTHUR BLVD		STREET ADDRE	ss			
CITY-ST-ZIP	MAHWAH NJ		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Chang	ge 🔲 Addition
NAME STREET ADDRESS			NAME STREET ADDRE	ec			
CITY-ST-ZIP			CITY-ST-ZIP	30			
J 01 611	l		0117-01721				

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:

SIG THOMAS BAUMLIN JUL 2 6 2(201) 934-2000

SIGNATURE: