

304080-ANR2002  
**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P94000002768**

1. Entity Name

MELDISCO K-M 5000 ALICO RD., FL., INC.

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

08-01-2002 90171 047 \*\*\*550.00

000018 AV

Principal Place of Business

17000 S. TAMiami TRAIL  
 FT. MYERS FL 33908

Mailing Address

933 MACARTHUR BLVD.  
 MAHWAH NJ 07430



DO NOT WRITE IN THIS SPACE

4. FEI Number **22-3279459**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

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

UNITED STATES CORPORATION COMPANY  
 % UNITED STATES CORPORATION COMPANY  
 1201 HAYS ST SUITE 105  
 TALLAHASSEE FL 32301

**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.

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHEPARD, JEFFREY</b> <b>933 MACARTHUR BLVD.</b> <b>MAHWAH NJ</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PROFFITT, RANDALL S</b> <b>933 MACARTHUR BLVD.</b> <b>MAHWAH NJ</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>WOJNO, THOMAS</b> <b>933 MACARTHUR BLVD.</b> <b>MAHWAH NJ</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>BAUMLIN, THOMAS</b> <b>933 MACARTHUR BLVD.</b> <b>MAHWAH NJ 07430</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RICHARDS, MAUREEN</b> <b>933 MAC ARTHUR BLVD</b> <b>MAHWAH NJ</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the empowered.

SIGNATURE:

*Maureen Richards*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JUL 23 2002**

**(201) 934-2000**

**MAUREEN RICHARDS**

CR2E034 (4/02)