

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

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90219 043 \*\*\*158.75

DOCUMENT # *P94000017733*

1. Entity Name

*MELCON, INC.*



**DO NOT WRITE IN THIS SPACE**

**55042506**

2. Principal Place of Business

*3820 Cheeverly Dr. W.*

3. Mailing Address

*3820 Cheeverly Dr. W.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Lake land, FL*

City & State  
*LAKE LAND, FL.*

4. FEI Number

*59-3229803*

Applied For

Not Applicable

Zip  
*33813*

Country  
*USA*

Zip  
*33813*

Country  
*USA.*

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*ARTMAN, STERHEN H.*

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

*4315 HIGHLAND PARK SUITE B*

City

*LAKE LAND FL*

Zip  
*33813*

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

*Milford E. League*

*April 18, 2003*

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1st May 1st Fee is \$150.00

After May 1st 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  
*D  
League, Sue W  
3820 Cheeverly Dr. W.  
Lake land, FL 33813.*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D  
League, Milford E.  
3820 Cheeverly Dr. W.  
Lake land, FL 33813.*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *Milford E. League*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 18, 2003 (863) 646-7345*  
Date Daytime Phone #

CR2E034B (12/02)