

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

DOCUMENT # *P940000/7733*

1. Entity Name

MELCON. INC.



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

04-24-2003 90219 043 ***158.75

4/1

DO NOT WRITE IN THIS SPACE

55012506

2. Principal Place of Business *3820 Cheverly Dr. W.*

3. Mailing Address

Suite, Apt. #, etc.

Lakeland, FL

City & State

LAKELAND, FL.

33813

Country

USA

33813

Country

USA.

4. FEI Number

59-3229803

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ARTMAN, STEPHEN H.

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

*4315 HIGHLAND PARK SUITE B
LAKELAND FL*

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 1-May 1 Fees: \$150.00

After May 1 Fees: \$158.00

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

CR2E034B (12/02)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*D
League, Sue W.
3820 Cheverly Dr. W.
Lakeland, FL 33813.*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*D
League, Milford E.
3820 Cheverly Dr. W.
Lakeland, FL 33813.*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date *April 18, 2003* Daytime Phone # *(863)646-7385*