

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90890 041 ***150.00

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

DOCUMENT # **P940000 23503**

1. Entity Name

MEL-LIN TRANSPORT, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2790 W. PRICE BLVD

Suite, Apt. #, etc.

3. Mailing Address

2790 W. PRICE BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH PORT, FL

City & State

NORTH PORT, FL

4. FEI Number

65-0482634

Applied For

Not Applicable

Zip

34287

Country

SARASOTA

Zip

34287

Country

SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent.

Name

ZAYCER, MLADEN

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

2790 W. PRICE BLVD

NORTH PORT

City

FL

Zip Code

34287

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.

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D, P
ZAYCER, MLADEN
2790 W. PRICE BLVD
NORTH PORT, FL 34286**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D, VP, S
ZAYCER, LINDA D
2790 W. PRICE BLVD
NORTH PORT, FL 34286**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

MLADEN ZAYCER MLADEN ZAYCER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-02 (941) 423-0441

CR2E034B (12/01)