| 2000 UNIFORM BUSINESS REPORT (UBR) | | | | | | | |
|---|--|--|--|-------------|--|-------------------------------------|---------------------------|
| DOCUMENT # P95000015128 1. Entity Name MELKA, INC. | | | 1 | | FILED Sep 12, 2000 8:00 am Secretary of State | | |
| Principal Place 311 8TH ST. E BRADENTON FOUS | | Mailing Address 311 8TH ST. E BRADENTON FL 34208 US | | | 09-12-2000 90018 0 | | .00 |
| 2. Principal Place of Business MEIKQ. Inc. Suite, Apt. #, etc. | | 3. Mailing Address MELKA, Inc. Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS | 11007 01101 11010 11 | |
| | e++0 1-6 | Palmetto | ire Eus: FL | | . FEI Number 6390564311 | <u> </u> | plied For t Applicable |
| 342a | 2 / Country Manatee 6. Name and Address of Current R | 34371 egistered Agent | Mana t | | Certificate of Status Desired Name and Address of New Registered | \$8.75 Add Fee Required Agent | |
| LEHOCZKY, MELINDA A 6156 9TH AVE CIR NE BRADENTON FL 34202 | | | Street Ad | dress (P.O. | Czky, Melinda Box Number is Nat Acceptable) netto | Zin Code | 777 |
| 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. STATE Registered Agent signature required when reinstating) DATE | | | | | | | |
| 97 This corporation is eligible to satisfy its Intangible After SEPTEMBER 13, 2 38 (See criteria on back) Make Check Payable to | | | | e \$750.00 | 10. Election Campaign Financing Trust Fund Contribution. | | O May Be to Fees |
| 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND D LEHOCZKY, MELINDA A 6156 9TH AVE CIR NE BRADENTON FL 34202 | IRECTORS Delete | 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | DLeho | additions/changes to officers and occley, Melindw A 16+1 Ave. East 16+10 FL 34921 | D DIRECTORS ☐ Change | S IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | NAME STREET ADDRESS CITY-ST-ZIP | ÷ | The second of th | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Oelate | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | , | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | 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 like empowered. | | | | | | | |
| SIGNAT | | NTED NAME OF SIGNING OFFICER O | OR DIRECTOR | | 7 W UU | Daytime Phone # | |