

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075072

1. Entity Name

MELODY ASSOCIATES, INC.

Principal Place of Business

8084 N DAVIS HWY
STE A 5
PENSACOLA FL 32514
US

Mailing Address

1878 PIEDMONT RD
ATLANTA GA 30324-4839
US

2. Principal Place of Business

3. Mailing Address

4095 EMBASSY DRIVE SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GRAND RAPIDS, MI

Zip

Country

49546

USA

4. FEI Number

59-3338696

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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.

8084 N DAVIS HWY
STE A 5
PENSACOLA FL 32514
US

1878 PIEDMONT RD
ATLANTA GA 30324-4839
US

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 PD
NAME HOMA, CHARLES R
STREET ADDRESS 1878 PIEDMONT RD
CITY-ST-ZIP ATLANTA GA 30324

TITLE (RECEIVER)
NAME PHILLIP S. STENGER
STREET ADDRESS 4095 EMBASSY DRIVE SE
CITY-ST-ZIP GRAND RAPIDS, MI 49546

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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)(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.

SIGNATURE *Phillip S. Stenger* PHILLIP S. STENGER, RECEIVER

616-940-1190

Date

Daytime Phone #

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90045 047 ***150.00



DO NOT WRITE IN THIS SPACE