2000 UNIFORM BUSINESS REPORT (UBR)

Apr 13, 2000 8:00 am Secretary of State DOCUMENT # **P96000020290** MEL-RE ASSOCIATES, INC. 04-13-2000 90022 019 ***150.00 Principal Place of Business Mailing Address 12670 NEW BRITTANY BLVD. 12670 NEW BRITTANY BLVD. SUITE 203 SUITE 203 FORT MYERS FL 33908-5116 FORT MYERS FL 33907 3. Mailing Address 2. Principal Place of Business 15051 South Tamiami 15051 5 Tamiami Trail Trail Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #203 ±203 Applied For City & State City & State 4. FEI Number 65-0653702 Not Applicable Ft. Muers 4. Muers Country \$8.75 Additional Country Certificate of Status Desired П *3390*8 Lea Fee Required Lee 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent _COSTELLO, TRUMAN J. Street Address (P.O. Box Number is Not Acceptable) 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS FL 33907 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Delete TITLE ADKINS, EDWARD D NAME NAME 15051 S. Tamiami Trail # 203 12670 NEW BRITTANY BLVD. #203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33907 FI. Myers, FL 33908 Addition 11-Change ☐ Delete TITLE TITLE STRATTON, CINDY A NAME NAME 15051 S. Tamiami Trail, #203 STREET ADDRESS 12670 NEW BRITTANY BLVD., STE 203 STREET ADDRESS CITY-ST-ZIP Ft. Myers, FL 33908 CITY-ST-ZIP FORT MYERS FL 33907 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

3. 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: CINCLE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

4/4/00

(941) Hule - 7137

CR2E034 (9/99