

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020290

1. Entity Name  
Mel-Re Associates, Inc.

FILED

01 MAY 23 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
15051 S. Tamiami Trail  
#203  
Fort Myers, FL 33908

Mailing Address  
15051 S. Tamiami Trail  
#203  
Fort Myers, FL 33908

2. Principal Place of Business  
15051 S. Tamiami Trail  
Suite, Apt. #, etc.  
#203

3. Mailing Address  
15051 S. Tamiami Trail  
Suite, Apt. #, etc.  
#203

City & State  
Fort Myers, FL

City & State  
Fort Myers, FL

Zip  
33908

Country  
USA

Zip  
33908

Country  
USA

**AMENDED UBR**

4. FEI Number  
65-0653702

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

Truman J. Costello, P.A.  
12670 New Brittany Blvd., Ste 101  
Fort Myers, FL 33907

## 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.

SIGNATURE \_\_\_\_\_ (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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Edward D. Adkins 15051 S. Tamiami Trail #203 Fort Myers, FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Cindy A. Stratton 15051 S. Tamiami Trail #201 Fort Myers, FL 33908	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Steven G. Levine 15051 S. Tamiami Trail #203 Fort Myers, FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Edward D. Adkins 15051 S. Tamiami Trail #203 Fort Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Steven G. Levine 15051 S. Tamiami Trail #203 Fort Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01  
Date

(941) 466-7737  
Daytime Phone #

CR2E034 (11/00)