

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90008 007 \*\*\*150.00

**DOCUMENT # P96000079257**

1. Entity Name

**MEL'S SERVICE AND SALES, INC.**

Principal Place of Business

360 WATSON DRIVE  
 INDIALANTIC FL 32903

Mailing Address

360 WATSON DRIVE  
 INDIALANTIC FL 32903-3731

2. Principal Place of Business

930 N. AIA HWY  
 Suite, Apt. #, etc.

3. Mailing Address

394 RIO PALMA S  
 Suite, Apt. #, etc.

City & State

INDIALANTIC FL

City & State

INDIALANTIC, FL

4. FEI Number

59-3398036

Applied For

Not Applicable

Zip

32903

Country

U.S.

Zip

32903

Country

U.S.

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GROVER-MELTON, DIANE D  
 360 WATSON DRIVE  
 INDIALANTIC FL 32903 →

7. Name and Address of New Registered Agent

Name

SAME

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

394 RIO PALMA S.

INDIALANTIC, FL

City

FL

Zip Code

32903

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)

**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

TITLE  Delete  
 NAME **D GROVER-MELTON, DIANE D**  
 STREET ADDRESS **360 WATSON DRIVE →**  
 CITY-ST-ZIP **INDIALANTIC FL 32903**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME **D GROVER-MELTON, DIANE**  
 STREET ADDRESS **394 RIO PALMA S**  
 CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 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:

*Diane Melton Grover*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diane Melton Grover 3/14/00

Date

Daytime Phone #

407-728-9094

CR2E034 (9/99)