## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000086938 Apr 20, 2000 8:00 am Secretary of State RALBET ASSEMBLY, INC. 04-20-2000 90005 024 \*\*\*150.00 Mailing Address Principal Place of Business 561 MINOR AVENUE NE 561 MINOR AVENUE NE PALM BAY FL 32907 PALM BAY FL 32907-2622 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3410913 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent O'BRIEN, JAMES M ESQ. Street Address (P.O. Box Number is Not Acceptable) 1686 WEST HIBISCUS BLVD. MELBOURNE FL 32901 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE TITLE ☐ Delete MELSON, RALPH W NAME NAME STREET ADDRESS **561 MINOR AVENUE NE** STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32907 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE MELSON, BETTY L NAME NAME STREET ADDRESS 561 MINOR AVENUE NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 ☐ Addition Change Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

14 APRIL OU 321-676-1575

**FILED**