

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004007

1. Entity Name

GREGORY E. MELTON, CPA, P.A.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90193 010 ***158.75

Principal Place of Business

Mailing Address

1508 NE JENSEN BEACH BLVD
 JENSEN BEACH FL 34957

1508 NE JENSEN BEACH BLVD
 JENSEN BEACH FL 34994-2127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0806485

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

MELTON, GREGORY E
 1508 NE JENSEN BEACH BLVD
 JENSEN BEACH FL 34957

Name Gregory E Melton
 Street Address (P.O. Box Number is Not Acceptable)
 49 West Seminole Street, Suite 101
 City Stuart FL Zip Code 34994

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 date 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 DP
 NAME MELTON, GREGORY E
 STREET ADDRESS 1508 NE JENSEN BEACH BLVD
 CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE
 NAME
 STREET ADDRESS 49 West Seminole Street, Suite 101
 CITY-ST-ZIP Stuart, FL 34994

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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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gregory E Melton, Treas 5/23/00

FORM 1014 (9/99)