

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095779

1. Entity Name

RANDY J. MELLOR ERECTING, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90178 012 ***150.00

Principal Place of Business

19218 ABHENRY CIRCLE
PORT CHARLOTTE FL 33948
US

Mailing Address

19218 ABHENRY CIRCLE
PORT CHARLOTTE FL 34293-5968
US

2. Principal Place of Business

4410 S.R. 776

Suite, Apt. #, etc.

3. Mailing Address

4410 S.R. 776

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Venice, FL

City & State

Venice, FL 34293

4. FEI Number

59-3545122

Applied For

Not Applicable

Zip

34293

Country

USA

Zip

34293

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PREWETT, DANIEL L
5777 BENEVA RD. SOUTH
SARASOTA FL 34233

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

Randy Mellor

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/9/00

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 **D** ☐ Delete
NAME **MELLOR, RANDY J**
STREET ADDRESS **3576 JUNCTION ST.**
CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Randy Mellor **RANDY MELLOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/00

Date

941 321 1826

Daytime Phone #

CR2E034 (9/99)