

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V64967

1. Entity Name

MELETICH TRUCKING, INC.

FILED

May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90087 034 \*\*\*150.00

Principal Place of Business

Mailing Address

952 JERRY CT.  
LAKELAND FL 33810

952 JERRY CT.  
LAKELAND FL 33810-2967

2. Principal Place of Business

902 ALSACE DR  
Suite, Apt. #, etc.

3. Mailing Address

902 ALSACE DR  
Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Kissimmee FL

4. FEI Number

59-3143186

Applied For

Not Applicable

Zip

Country

34759-3821

Zip

Country

34759-3821

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

MELETICH, EDITTA  
952 JERRY CT.  
LAKELAND FL 33805

Name

MELETICH SAMUEL

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

902 ALSACE DR

City

KISSIMMEE

FL

Zip Code

347593821

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

4-29-2000

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 D483 ☐ Delete  
NAME MELETICH, SAMUEL  
STREET ADDRESS 952 JERRY CT.  
CITY-ST-ZIP LAKELAND FL

TITLE D483 ☒ Change ☐ Addition  
NAME MELETICH SAMUEL  
STREET ADDRESS 902 ALSACE DR  
CITY-ST-ZIP Kissimmee FL 347593821

TITLE 0 ☐ Delete  
NAME MELETICH, EDITTA  
STREET ADDRESS 952 JERRY CT.  
CITY-ST-ZIP LAKELAND FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-29-2000 Daytime Phone #

CR2E034 (9/99)