


**FILED**  
**Jul 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000001091**

1. Entity Name  
**METROPOLITAN ENVIRONMENTAL TRAINING ALLIANCE, INC.**



Principal Place of Business 3319 MAGUIRE BLVD. SUITE 232 ORLANDO, FL 32803 US	Mailing Address 3319 MAGUIRE BLVD. SUITE 232 ORLANDO, FL 32803 US
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**DO NOT WRITE IN THIS SPACE**



07072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 01-0574855	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BURSON, LU  
 3319 MAGUIRE BLVD  
 STE 232  
 ORLANDO, FL 32803

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BURSON, LU 3319 MAGUIRE BLVD STE 232 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC PALIN, LORI P.O. BOX 1000 ORLANDO, FL 32830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DICKERSON, JENNIFER P O BOX 9331 GLENWOOD, FL 32722
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERS, TOM 1634 SR 419 LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSEY, RENE P.O. BOX 163500 ORLANDO, FL 32816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, SUE 800 MERCY DRIVE ORLANDO, FL 32809

U00000166954  
 07/19/04-80005-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered

SIGNATURE: Lu Burson Lu Burson 7-16-04 893-3322 (401)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #