

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90142 002 ****61.25

DOCUMENT # *NO1000001091*

1. Entity Name
METROPOLITAN ENVIRONMENTAL TRAINING ALLIANCE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3319 MAGUIRE BLVD

3. Mailing Address
3319 MAGUIRE BLVD

Suite, Apt. #, etc.
SUITE 2322

Suite, Apt. #, etc.
SUITE 232

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number
01-0574855

Applied For
 Not Applicable

Zip
32803

Country
ORANGE

Zip
32803

Country
ORANGE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
LU BURSON

Street Address (P. O. Box Number is Not Acceptable)
3319 MAGUIRE BLVD SUITE 232

City
ORLANDO

State
FL

Zip Code
32803

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 *Lu Burson* **Lu Burson** DATE **5-27-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairperson Lu Burson 3319 Maguire Blvd. Suite 232 Orlando FL 32803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair Lori Palin P O Box 1000 Lake Buena Vista FL 32830	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jennifer Dickerson P O Box 9931 Glenwood, FL 32722	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Tom Waters 1634 SR 419 Longwood FL 32750	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Renea Moser P O Box 163500 Orlando FL 32816	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sue Larson 800 Mercy Drive Orlando FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lu Burson* **Lu Burson** DATE **5-27-03**

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

CR2E037B (12/02)