

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90039 028 ***150.00

DOCUMENT # **P94000045366**

1. Entity Name
METOTT, INC.

Principal Place of Business Mailing Address
925 TEMPLE DR. **925 TEMPLE DR.**
TITUSVILLE FL 32780 **TITUSVILLE FL 32780**



DO NOT WRITE IN THIS SPACE

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 **59-3251006** Apply for
 Net Applicant

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

METOTT, DENNIS W
925 TEMPLE DR.
TITUSVILLE FL 32780

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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 Signature of the person authorized to execute this report (2001) Registered Agent's name and address DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NUMBER PER 19 8140,00
After MAY 1, 2001 Fee will be \$800.00
 State 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 2001	
FILE NAME DPT METOTT, DENNIS W STREET ADDRESS 925 TEMPLE DR. CITY-STATE-ZIP TITUSVILLE FL 32780	<input type="checkbox"/> Delete	FILE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
FILE NAME VS METOTT, KATHLEEN L STREET ADDRESS 925 TEMPLE DR. CITY-STATE-ZIP TITUSVILLE FL 32780	<input type="checkbox"/> Delete	FILE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
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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)(b) 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, changed or on an attachment with an address, with all other I've empowered.

Dennis Metott / **Dennis Metott** 4/23/01 (321) 267-6040
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone No.

CR2E034 (10/00)