

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90144 003 ***150.00

DOCUMENT # P99000071386

1. Entity Name

ARNOLD METRIK, INC.

Principal Place of Business

Mailing Address

6800 78th Avenue N.
 Pinellas Park, Fl.
 33781

6800 78th Avenue N.
 Pinellas Park, Fl.
 33781

2. Principal Place of Business

3. Mailing Address

State, Apt # etc

State, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3593461

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Arnold Metrik
 6800 78th Avenue N.
 Pinellas Park, Fl. 33781

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

Signature, Typed or Printed Name of Registered Agent and Title if Applicable

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	Arnold Metrik	
STREET ADDRESS	6800 78th Avenue N.	
CITY-STATE-ZIP	Pinellas Park, Fl. 33781	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Mahlah Rowles	
STREET ADDRESS	14076 Marguerite Dr.	
CITY-STATE-ZIP	Madeira Bch, Fl. 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-STATE-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: *Arnold Metrik* Arnold Metrik, President *5/28/00*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #