2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State
01-12-2001 90031 006 ***158.75

C0003157

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000108240

1. Entity Name

METZ, HAUSER & HUSBAND, P.A.

215 S. Monroe Street Suite 505 — P.O. Box 10909

Principal Place of Business	Mailing Address
~~318 NORTH MONROE STREET~~ TALLAHASSEE FL 32301	~~318 NORTH MONROE STREET~~ TALLAHASSEE FL ~~32301~~ 32302

2. Principal Place of Business	3. Mailing Address
215 S Monroe St	PO Box 10909
Suite, Apt. #, etc. 505	Suite, Apt. #, etc.
City & State Tall, Fla	City & State Tallahassee, Fla.
Zip 32301 / Country USA	Zip 32302 / Country USA

4. FEI Number 59-3614330 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAUSER, JAMES C
318 NORTH MONROE STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable): 215 S Monroe St Suite 505
City: Tallahassee FL Zip Code 32301

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] 1/9/01
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D METZ, STEPHEN W 318 NORTH MONROE STREET TALLAHASSEE FL 32301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	215 S Monroe St Suite 505 Tallahassee FL 32301 [X] Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAUSER, JAMES C 318 NORTH MONROE STREET TALLAHASSEE FL 32301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	215 S Monroe St Suite 505 Tallahassee, Fl. 32301 [X] Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] James C Hauser 1/9/01 205-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)