

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90019 008 ***158.75

DOCUMENT # 6189601. Entity Name
METZGER & WILLARD, INC.

Principal Place of Business

**5510 W LASALLE ST
SUITE 205
TAMPA FL 33607
US**

Mailing Address

**5510 W LASALLE ST
SUITE 205
TAMPA FL 33607
US****643893**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1907168**

Applied For

Not Applicable

Zip

Country

Zip

Country

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****WILLARD, DANIEL S.
2944 BAYSHORE CT
TAMPA FL 33611**

Name

Metzger, Nancy O.

Street Address (P.O. Box Number is Not Acceptable)

6436 Renwick Circle

City

Tampa**FL**Zip Code
33647

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 *Nancy O. Metzger* **Nancy O. Metzger, President** **4/19/01**

Signature, typed or printed name of registered agent and officer, 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	<input checked="" type="checkbox"/> Delete
	PST			
	WILLARD, DANIEL S.	2944 BAYSHORE CT	TAMPA FL 33611	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	President				
	Metzger, Nancy O.	6436 Renwick Circle	Tampa, FL 33647		
				<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Vice President, Sec. & Treas	Willard, Daniel S.	29300 Bay Hollow Drive, Unit 3251		
		Wesley Chapel, FL 33543		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy O. Metzger, President **4/19/01** **813-281-0120**

Date

Daytime Phone #

CR2E034 (10/00)