

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90017 050 ****61.25

DOCUMENT # 840990

1. Entity Name

METAL TREATING INSTITUTE INC.

Principal Place of Business

**1550 ROBERTS DRIVE
JACKSONVILLE BEACH FL 32250-3222
US**

Mailing Address

**1550 ROBERTS DRIVE
JACKSONVILLE BEACH FL 32250-3222
US**

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 **13-6089629**

Applied For

Not Applicable

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

**MILLER, M LANCE
1550 ROBERTS DRIVE
JACKSONVILLE BEACH FL 32250**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **GRAVES, NORMAN S**
STREET ADDRESS **450 N. ESTILL AVE**
CITY-ST-ZIP **RICHMOND KY 40476-0280**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **HUBBARD, JOHN**
STREET ADDRESS **10543 DORIC ST.**
CITY-ST-ZIP **DALLAS TX 75220**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MILLER, M LANCE**
STREET ADDRESS **1550 ROBERTS DRIVE**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250-3222**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **HALL, HARRY**
STREET ADDRESS **18 KERR CRESENT, R.R. #3**
CITY-ST-ZIP **GUELPH ONTARIO, CANADA N1H**

TITLE ☒ Change ☐ Addition
NAME **TP**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **T John Reger**
STREET ADDRESS **711 E. Second St.**
CITY-ST-ZIP **Dayton, OH 45402**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Exec. V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

904/249-0448

Date

Daytime Phone #

CR2E037 (9/01)