## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F26168

1. Entity Name

METRONIX, INC.



FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90158 011 \*\*\*150.00

NINAN, MATHEW STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							SO WE IF							
Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  City & State  Country  Country  Country  Country  Country  Country  S. Certificate of State, Desired  BA. FFI Number: 59-2064389   Applied for People of Country  Replied For People of Country  S. Certificate of State, Desired   Se7.5 Additional People of Country  Replied For People of Country  Street Address of Number is Not Acceptable)  Street Address of Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  City  FL   70 Code  6. The above numed entity submits the statement for the purpose of changing its registrored deflice or registered agent, or born, in the State of Forida. I am familiar with, and acceptable of People of Country in the State of Forida. I am familiar with, and acceptable of People of Country in the State of Forida. I am familiar with, and acceptable of People of Country in the State of Forida. I am familiar with, and acceptable of People of Country in the State of Forida. I am familiar with, and acceptable of People of Country in the State of Forida. I am familiar with, and acceptable of People of Country in the State of Forida. I am familiar with, and acceptable of People of Country in the State of Forida. I am familiar with, and acceptable of People of Country in the State of Forida. I am familiar with, and acceptable of People of Country in the State of Forida. I am familiar with, and acceptable of People of Country in the State of Forida. I am familiar with, and acceptable of People of Country in the State of Forida. I am familiar with, and acceptable of People of Country in the State of Forida. I am familiar with, and acceptable of People of Country in the State of Forida. I am familiar with, and acceptable of People of Country in the Country	12421 NORTH SUITE D 201 TAMPA FL 33 US	i florida av 612	E.	1242 Suit Tami US	12421 NORTH FLORIDA AVE. SUITE D 201 TAMPA FL 33612 US									
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Country  Country  Country  S. Conditional of Status Desired   \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  NINAN, MATHEW 11506 E. OUEENSWAY DRIVE TAMPA FL 33617  City  FL 7tp Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FL 7tp Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FL 7tp Code  Street Address (P.O. Box Number is Not Acceptable)  FL 7tp Code  Street Address (P.O. Box Number is Not Acceptable)  FL 7tp Code  Street Address (P.O. Box Number is Not Acceptable)  FL 7tp Code  Street Address (P.O. Box Number is Not Acceptable)  FL 7tp Code  Street Address (P.O. Box Number is Not Acceptable)  FL 7tp Code  Street Address (P.O. Box Number is Not Acceptable)  FL 7tp Code  Street Address (P.O. Box Number is Not Acceptable)  FL 7tp Code  Street Address (P.O. Box Number is Not Acceptable)  FL 7tp Code  Street Address (P.O. Box Number is Not Acceptable)  FL 7tp Code  Street Address (P.O. Box Number is Not Acceptable)  FL 7tp Code  Street Address (P.O. Box Number is Not Acceptable)  FL 7tp Code  Street Address (P.O. Box Number is Not Acceptable)  FL 7tp Code  Street Address (P.O. Box Number is Not Acceptable)  FL 7tp Code  Street Address (P.O. Box Number is Not Acceptable)  FL 7tp Code  Street Address (P.O. Box Number is Not Acceptable)  FL 7tp Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FL 7tp Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is N	Suite, Apt.	#, etc.		Suite, Apt. #, etc.					CHECK HER	E IF MAK	ING CI	HANGES		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NINAN, MATHEW 11506 E. OutERNSWAY DRIVE TAMPA FL 33817  City FL Zip Code 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lem familier with, and acceptable)  SIGNATURE  Signam, synd or proved word or agent active fapitable.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Cricek Payable to Florida Department of State 10. OFFICESS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11  TITLE NINAN, MATHEW 11506 E. OUTENSWAY DRIVE TAMPA FL  NINAN, MARIAMMA 11506 E. OUTENSWAY DRIVE TAMPA FL  Deele TITLE NINAN, MARIAMMA 11506 E. OUTENSWAY DRIVE TITLE NINAN, TONY 11506 E. OUTENSWAY DRIVE TITLE NINAN NINAN, TONY 11506 E. OUTENSWAY DRIVE TITLE NINAN NINAN, TONY 11506 E. OUTENSWAY DRIVE TITLE NINAN NIN	City & Stat	ė	م مادات المادات	City & State				<u>4.</u>	FEI Number 59-208438	9	<del></del> .	· · ·		
NINAN, MATHEW 11506 E. QUEENSWAY DRIVE TAMPA FL 33617  City FL   Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chiligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the children with acceptance agent agent, or both, in the State of Florida. I am familiar with, and accept the children with acceptance agent, or both, in the State of Florida. I am familiar with, and accept the children with acceptance agent, or both, in the State of Florida. I am familiar with, and accept the children with acceptance agent, or both, in the State of Florida. I am familiar with, and accept the children with acceptance agent, or both, in the State of Florida. I am familiar with, and accept the children with acceptance agent, or both, in the State of Florida. I am familiar with, and accept agent agent and accept agent agent and accept agent and accept agent and accept agent and accept agent agent and accept agent agent agent and accept agent agent agent and accept agent agent agent agent agent agent agent agent agent age	Zip		Country	Zip		Cour	ntry	5.	Certificate of Status Desired					
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Street Address (P.O. Box Number is Not Acceptable)    TAMPA FL 33817	AIINIANI AA	ATLIEN/					Name		• .					
Edity FL Zip Code  City FL Zip Code  6. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature lightly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the product of the product			Y DRIVE					Street Address (P.O. Box Number is Not Acceptable)						
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After May 1, 2003 Fee will be \$550.00 May Be Make Cricek Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed	or printed name of registered agen	t and title if app	olicable. (NOTI	E: Registere	d Agent signature re	equired when a	reinstating)	DA	TE		<del></del> ]	
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address but at ether-like empowered.

**SIGNATURE:** 

SIGNAL THE SIGNING OFFICER OF DIRECTOR

Jan. 27, 2003 813-972-1217

Daydima Phan

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