

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90007 032 ***550.00

0089210 AV

DOCUMENT # F93000002617

1. Entity Name

METROPOLITAN LAND, INC.

LA

Principal Place of Business

**555 BEN FRANKLIN DRIVE #3
 SARASOTA FL 34236-2050
 US**

Mailing Address

**555 BEN FRANKLIN DRIVE #3
 SARASOTA FL 34236-2050
 US**

773118



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-0986903

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

**CARTER, LINDA K
 555 BEN FRANKLIN DRIVE #3
 SARASOTA FL 34236-2050**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **DV** ☐ Delete
 NAME **CARTER, RILEY B**
 STREET ADDRESS **544 SUTTON PLACE**
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **DR. V. PRES. SEC/TREAS** ☒ Change ☐ Addition
 NAME **CARTER, RILEY B.**
 STREET ADDRESS **544 SUTTON PL.**
 CITY-ST-ZIP **LONGBOAT KEY, FL. 34228**

TITLE **DST** ☐ Delete
 NAME **CARTER, LINDA K**
 STREET ADDRESS **555 BEN FRANKLIN DR. #3**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **CARTER LINDA K.**
 STREET ADDRESS **555 BEN FRANKLIN DR. #3**
 CITY-ST-ZIP **SARASOTA, FL. 34236**

TITLE **DP** ☒ Delete
 NAME **CARTER, RILEY B. II**
 STREET ADDRESS **555 BEN FRANKLIN DR. #3**
 CITY-ST-ZIP **SARASOTA FL**

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

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

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 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/01 (9/11) 388-1545
 Date Daytime Phone #

CR2E034 (5/01)