

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 22, 2001 8:00 am**  
**Secretary of State**

06-22-2001 90219 043 \*\*\*550.00

**DOCUMENT #** F96000000563

1. Entity Name

Metro Meter Service, Inc.

(6A)

00058208

**Principal Place of Business**  
 1300 E. 9th Street  
 Owensboro, KY 42303

**Mailing Address**  
 P. O. Box 21331  
 Owensboro, KY 42304

**2. Principal Place of Business**  
 1300 E. 9th Street  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 P. O. Box 21331  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
 Owensboro, KY 42303  
**Zip**  
 42303  
**Country**  
 USA

**City & State**  
 Owensboro, KY 42304  
**Zip**  
 42304  
**Country**  
 USA

**4. FEI Number**  
 61-1220438  
**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 CT Corporation System  
 1200 South Pine Island Road  
 Plantation, FL 33324

**7. Name and Address of New Registered Agent**  
**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 \$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	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>President</b> <input checked="" type="checkbox"/> Delete Robert E. Bates 3300 Wilson Lane Owensboro, KY 42303
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Vice President</b> <input checked="" type="checkbox"/> Delete Priscilla D. Bates 3300 Wilson Lane Owensboro, KY 42303
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Secretary</b> <input checked="" type="checkbox"/> Delete Michelle Payne 10158 Hwy. 144 Philpot, KY 42366
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Director</b> <input checked="" type="checkbox"/> Delete Rex Rankin III 2708 6th Avenue Decatur, AL 35603
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Terry D. Smith 1300 E. 9th Street Owensboro, KY 42303
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Chairman</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Christopher D. Brown 501 Union Street, Suite 201 Nashville, TN 37219
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bob F. Weatherly 14505 Torrey Chase, Suite 325 Houston, TX 77014
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<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:**  **Terry D. Smith** **June 18, 2001** **270-683-7512**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)