

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90016 026 ***150.00

DOCUMENT # F96000004826

1. Entity Name

MTL FINANCE, INC.

Principal Place of Business

151 107TH AVE
 UNIT 1
 TREASURE ISLAND FL 33706

Mailing Address

151 107TH AVE
 UNIT 1
 TREASURE ISLAND FL 33706
 US

2. Principal Place of Business

#328

Suite, Apt. #, etc.

ST PETERSBURG, FL

City & State

Florida

Zip

33707

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

Some

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3375314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 526 E PARK AVE
 TALLAHASSEE FL 32301

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 NRAI SERVICES, INC.

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

TITLE	DCVS	<input checked="" type="checkbox"/> Delete
NAME	DOUGLAS, JAMES L SR	
STREET ADDRESS	151 107TH AVE, UNIT 1	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DOUGLAS, JAMES L JR	
STREET ADDRESS	151 107TH AVE, UNIT 1	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRAMMOND, WILMA	
STREET ADDRESS	151 107TH AVE, UNIT 1	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, JAMES L, SR	
STREET ADDRESS	6860 GULFPORT BLVD S #328	
CITY-ST-ZIP	ST PETERSBURG, FL 33722	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, JAMES L JR	
STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Crammond, Wilma	
STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: JAMES L. Douglas SR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)