

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0016464

DOCUMENT # F99000004966

1. Entity Name

METROVISION INTERNATIONAL, INC.



APPROVED  
AND  
FILED

03 SEP 22 PM 7:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

202 NORFOLK PLACE  
CELEBRATION FL 34747

Mailing Address

202 NORFOLK PLACE  
CELEBRATION FL 34747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1438160**

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

MERZ, WILLIAM J  
202 NORFOLK PLACE  
CELEBRATION FL 34747

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. I am familiar with, and accept the obligations of registered agent.

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**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	GOAD, TIMOTHY L	
STREET ADDRESS	8825 BOGGY CREEK RD	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOFFMAN, GEORGE M	
STREET ADDRESS	1176 SCARLET COURT	
CITY-ST-ZIP	WESTERVILLE OH 43081	
TITLE	TV	<input type="checkbox"/> Delete
NAME	GOAD-PANKALLA, CAROLYN S	
STREET ADDRESS	8825 BOGGY CREEK RD	
CITY-ST-ZIP	ORLANDO FL 32824	
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		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	600023520566
CITY-ST-ZIP	10/02/03--01081--002 **61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOAD-PANKALLA, CAROLYN S.
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	

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:

~~SIGNATURE REQUIRED~~

Timothy L. Goad

8/20/03

407-472-7123

CR2E037 (4/03)