

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010266

1. Entity Name
METRO AREA PROPERTIES, LLC

Principal Place of Business
311 EAST ROBERTSON STREET
BRANDON FL 33606

Mailing Address
311 EAST ROBERTSON STREET
BRANDON FL 33606

FILED

01 JUL 26 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHADWELL, LARRY E JR.
311 EAST ROBERTSON STREET
BRANDON FL 33606

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

Larry Chadwell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE-NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Partner
NAME Larry Chadwell Sr.
STREET ADDRESS 311 E Robertson St.
CITY-ST-ZIP Brandon, FL, 33511 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 300004509973--3
STREET ADDRESS -07/31/01--01079--003
CITY-ST-ZIP *****150.00 *****50.00 ☐ Change ☐ Addition

TITLE Partner
NAME Jeff Norris
STREET ADDRESS 311 E Robertson St.
CITY-ST-ZIP Brandon, FL 33511 ☐ Delete

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

TITLE Partner
NAME Chris Swenson
STREET ADDRESS 311 E Robertson St.
CITY-ST-ZIP Brandon, FL 33511 ☐ Delete

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

TITLE Partner
NAME Larry Chadwell Jr.
STREET ADDRESS 311 E Robertson St.
CITY-ST-ZIP Brandon, FL 33511 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Larry Chadwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

06-01-01

Date

813-657-5394

Daytime Phone #

0016629 AF

CR2E083 (11/00)