

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010267

1. Entity Name

METRO AREA LEASING & MANAGEMENT, LLC

Principal Place of Business

311 EAST ROBERTSON STREET  
BRANDON FL 33606

Mailing Address

311 EAST ROBERTSON STREET  
BRANDON FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

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 Jr.*

(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  
STREET ADDRESS  
CITY-ST-ZIP  
500004509975-6  
-07/31/01--01079--003  
\*\*\*\*150.00 \*\*\*\*\*50.00

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 Jete 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 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 Jr.*

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

06-01-01

Date

813-657-5394

Daytime Phone #

0016628 AF

CR2E083 (11/00)

FILED  
01 JUL 26 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE