

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0040755

DOCUMENT # L01000019788

1. Entity Name

METATECH SOLUTION & SUPPORT, LLC

Fortnostress



FILED
03 APR 30 AM 10:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

360 SOUTH SHORE DR.
SARASOTA FL 34234

Mailing Address

360 SOUTH SHORE DR.
SARASOTA FL 34234

2. Principal Place of Business

Volgogradsky Pr.

3. Mailing Address

1455 Tallevast Rd.

Suite, Apt. #, etc.

146 5th Floor

Suite, Apt. #, etc.

Suite L8319

City & State

Moscow

City & State

SARASOTA, Florida

Zip

117049

Country

Russia

Zip

34243

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, W. RICK
360 S. SHORE DR.
SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name

Joseph EVANS

Street Address (P.O. Box Number is Not Acceptable)

1455 Tallevast Rd., Suite L8319

City

SARASOTA

FL

Zip Code

34243

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

Joseph Evans

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME FORTNOSTRESS CORPORATE MANAGEMENT GMBH
STREET ADDRESS 12260 WILLOW GROVE ROAD, BLDG #2
CITY-ST-ZIP CAMDEN DE 19934 ☐ Delete

TITLE MGRM
NAME ETNA GLOBAL GROUP CORPORATION
STREET ADDRESS 12260 WILLOW GROVE ROAD, BLDG #2
CITY-ST-ZIP CAMDEN DE 19934 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME 200017560990 Change ☐ Addition
STREET ADDRESS 04/30/03--01051--020 **50.00
CITY-ST-ZIP

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Joseph Evans
Authorized signature of
Fortnostress Corporate
Management GMBH

04/18/03

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

Date

Daytime Phone #

CR2E083 (10/02)