## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



## FILED Feb 17, 2003 8:00 am Secretary of State

DOCUMENT # L43863  1. Entity Name METRO SERVICES, INC.					02-17-2003 90181 032 ***150.00					
Principal Place of Business 7225 SANDSCOVE ROAD WINTER PARK FL 32792  Mailing Address 7225 SANDSCOVE ROAD WINTER PARK FL 32792										
2. Principal Place of Business 3. Mailing Address							<b></b>			
Suite, Apt. #, etc. Suite, Apt. #, etc.						☐ CHECK HERE IF MAKING CHANGES				
City & State City & State						El Number 59-3048292		_	oplied For	
Zip Country	Zip	Countr			5. Certificate of Status Desired See Required					
6. Name and Address of Currer	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
RUTIGLIANO, CARLO 713 GOLFPOINT DRIVE WINTERSPRINGS FL 32708	many mineral many many		Name Street A	CARI ZZ		RUTIGLIF ox Number is Not Acceptable SANDSCOV		יאנ	Γ	
8. The above named entity submits this statement the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered ageing the signature. Signature ageing the signature of the signature ageing the signature age ageing the signature age ageing the signature age ageing the signature age age age age age age age age age ag	Authoritie if procable. (NOT			r registered			0-/2-03 DATE	<u></u>	O May Be	
10. OFFICERS ANI		11.			ADI	DITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS	S IN 11	
TITLE PRES NAME RUTIGLIANO, CARLO 713 GOLFPOINT DRIVE CITY-ST-ZIP WINTERSPRINGS FL	□ Delete		t address St-zip	CARL 7225	51 .0 5 :	DENT RUTIGLIANO SANDSCOVE C R PARK, FL	) <b>X</b> 0	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREE CITY-1	T ADDRESS				□ c	hange	☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	□ Delete		T ADDRESS ST-ZIP		<del>,</del>			hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP				□ c	hange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				Ci	nange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied wit indicated on this report or supplemental report.	Delete	CITY-S		ad in Sarti	ion 1	10.07/2V() Florida Chaban	CI		Addition	

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 10 or Block 11 if changed, or on an attachment with an address, with all other time empowered.

**SIGNATURE:**