

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90221 018 ***150.00

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AV

DOCUMENT # L85106

1. Entity Name
METAL OX, INC.



Principal Place of Business
**2405 DIVISION AVENUE
12
WEST PALM BEACH FL 33407
US**

Mailing Address
**12667 72ND CT. NORTH
WEST PALM BEACH FL 33412
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0205161**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BENKLY, GEORGE M.
12667 72ND CT. NORTH
WEST PALM BEACH FL 33412**

7. Name and Address of New Registered Agent

Name

KAREN ROOBERS

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

201 WOODLAND RD

City

LAKE WORTH

FL

Zip Code

33461

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/26/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BENKLY, GEORGE M.**
STREET ADDRESS **12667 72ND CT N**
CITY-ST-ZIP **W PALM BEACH FL**

TITLE **V** ☒ Delete
NAME **BENKY, CHRISTINE K**
STREET ADDRESS **12667 72ND CT N**
CITY-ST-ZIP **W PALM BEACH FL**

TITLE **ST** ☐ Delete
NAME **BENKLY, JASON M**
STREET ADDRESS **12667 72ND CT N**
CITY-ST-ZIP **W PALM BEACH FL**

TITLE **ST** ☐ Delete
NAME **BENKLY, ALEXIS M.**
STREET ADDRESS **12667 72ND CT. N.**
CITY-ST-ZIP **W. PALM BEACH FL 33417**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/03

Date

(561) 751-7727

Daytime Phone #

CR2E034 (10/02)