2001 UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HERE

SIGNATURE: SIGNATURE AND TYPED OF

DOCUMENT # L9900005035 1. Entity Name METOXAL LIMITED COMPANY				FILED OI JUL 10 PM 4: 47		
Principal Plac	e of Business	Mailing Address		SECRETARY OF STATE TALLAHASSEE/FLORIDA		
_		6200 STATE ROAD #54 WINTER HAVEN FL 3388		IALLAHASSEE/FLURIDA		
Principal Place of Business 3. N		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	THAT	
City & State		City & State		4. FEI Number 59-3593227 Applie	ed For	
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Addition Fee Required	nal	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
60	VONI HALL & ASSOCIATES		Name			
505	S AVENUE "A" N.W. ITE 102		Street Address	ss (P.O. Box Number is Not Acceptable)		
	NTER HAVEN FL 33881-4626		City	FL Zip Code		
8. The above	named entity submits this statement for	or the purpose of changing its	s registered office or regist	stered agent, or both, in the State of Florida.		
SIGNATURE _	Signature, typed or printed name of registered agent	and title if apolicable (NO:	TE: Registered Agent signature requi	ulired when reinstating) DATE	_	
			OW!!! FEE IS \$50.00		$\overline{}$	
		Make Check Pa	ayable to Department	t of State		
9.	MANA ONLO MENOS		y September 26, 2001			
TITLE NAME	MANAGING MEMBE MGR MURRAY, SEAN D	□ Delete	TITLE NAME	ADDITIONS/CHANGES] Addition	
STREET ADDRESS CITY-ST-ZIP	7720 INDIAN RIDGE TRAIL SO KISSIMMEE FL 34747	DUTH	STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	Addition {	
TITLE NAME Street address City-St-Zip	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change .	Addition	
NAME STREET ADDRESS CITE-ST-ZIP	a may take a second constitution of the second c	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐] Addition	
NAMEST ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Addition	
11. I hereby co indicated o limited liab	ertify that the information supplied with on this report is true and accurate and sillity company or the receiver or traster	this filing does not qualify fo that my signature shall have e empowered to evecute this	r the exemption stated in S the same legal effect as if report as required by Cha	Section 119.07(3)(i), Florida Statutes. I further certify that the inform if made under oath; that I am a managing member or manager of tapter 608, Florida Statutes.	nation	