

2001 UNIFORM BUSINESS REPORT (UBR)

0013881 AF

DOCUMENT # M00000001792

1. Entity Name
METALORIGINS, LLC

FILED

01 FEB -2 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1601 FORUM PLACE, SUITE P-2
WEST PALM BEACH FL 33401

Mailing Address
1601 FORUM PLACE, SUITE P-2
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1021850

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

600003677836--7

-02/13/01--01110--005

*****50.00 *****50.00

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

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 NAME
MANAGER
Koch, William I. ☐ Delete
STREET ADDRESS
1601 FORUM PLACE, SUITE P2
CITY-ST-ZIP
WEST PALM BEACH, FL 33401

TITLE NAME
SHIPLEY, ZACHARY ☐ Change ☒ Addition
STREET ADDRESS
1601 FORUM PLACE, SUITE P2
CITY-ST-ZIP
W. PALM BEACH, FL 33401

TITLE NAME
PCHO ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
PCEO ☐ Change ☒ Addition
CHERRY, BERNARD H.
STREET ADDRESS
1601 FORUM PLACE, SUITE P2
CITY-ST-ZIP
W. PALM BEACH, FL 33401

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
EVP ☐ Change ☒ Addition
DONNELLY, MAUREEN A.
STREET ADDRESS
1601 FORUM PLACE, SUITE P2
CITY-ST-ZIP
W. PALM BEACH, FL 33401

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
EVP ☐ Change ☒ Addition
MILLER, ALEC
STREET ADDRESS
1601 FORUM PLACE, SUITE P2
CITY-ST-ZIP
W. PALM BEACH, FL 33401

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
S ☐ Change ☒ Addition
CALLAHAN, RICHARD P.
STREET ADDRESS
1601 FORUM PLACE, SUITE P2
CITY-ST-ZIP
W. PALM BEACH, FL 33401

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
AS ☐ Change ☒ Addition
SMITH, J. MICHAEL
STREET ADDRESS
1601 FORUM PLACE, SUITE P2
CITY-ST-ZIP
W. PALM BEACH, FL 33401

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:

[Signature] Secretary

1/16/01

561-697-4300

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

Date

Daytime Phone #

CR2E083 (11/00)