

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 22, 2002 8:00 am
Secretary of State

0014296

DOCUMENT # M00000001792

1. Entity Name

METALORIGINS, LLC

01-22-2002 90093 048 *****50.00

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

Zip

Country

Zip

Country

4. FEI Number

65-1021850

Applied For

Not Applicable

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)

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	KOCH, WILLIAM I	
STREET ADDRESS	1601 FORUM PLACE, SUITE P2	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	SHIPLEY, ZACHARY	
STREET ADDRESS	1601 FORUM PLACE, SUITE P2	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	-CHERRY, BERNARD H.	
STREET ADDRESS	1601 FORUM PLACE, SUITE P2	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, J. Michael	
STREET ADDRESS	1601 Forum Place, Suite P-2	
CITY-ST-ZIP	West Palm Beach, Florida 33401	

TITLE	EVP	<input type="checkbox"/> Delete
NAME	DONNELLY, MAUREEN A	
STREET ADDRESS	1601 FORUM PLACE, SUITE P2	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, J. Michael	
STREET ADDRESS	1601 Forum Place, Suite P-2	
CITY-ST-ZIP	West Palm Beach, Florida 33401	

TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	MILLER, ALEC	
STREET ADDRESS	1601 FORUM PLACE, SUITE P2	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Callahan, Richard P.	
STREET ADDRESS	1601 Forum Place, Suite P-2	
CITY-ST-ZIP	West Palm Beach, Florida 33401	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Richard P. Callahan* **SIGNATURE REQUIRED** Richard P. Callahan, Secretary

1/9/02

(561) 697-4300

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

Date

Daytime Phone #

CR2E083 (9/01)