

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90427 028 ***150.00

DOCUMENT # *1192424*

1. Entity Name

METRO CAULKING & WATERPROOFING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1900 NW 32ND ST

Suite, Apt. #, etc.

STE A

City & State

POMPANO BEACH FL

Zip

33064

Country

USA

3. Mailing Address

1900 NW 32ND ST

Suite, Apt. #, etc.

STE A

City & State

POMPANO BEACH FL

Zip

33064

Country

USA

4. FEI Number

65-0055220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

TIMOTHY K ANDERSON

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

675 WEST INDIANTOWN RD.

STE 103

City

JUPITER

FL

Zip Code

33458

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE *PRESIDENT*
NAME *JAMES J. TURO*
STREET ADDRESS *7901 SE CANAAN WAY*
CITY-ST-ZIP *JUPITER, FL 33458*

TITLE *VICE PRESIDENT*
NAME *JEFF B. SNYDER*
STREET ADDRESS *10152 NW 84TH ST*
CITY-ST-ZIP *CORAL SPRINGS, FL*

TITLE *S* (DELETE)
NAME *VICKI S. TURO*
STREET ADDRESS *7901 SE CANAAN WAY*
CITY-ST-ZIP *JUPITER, FL 33458*

TITLE *SIT*
NAME *BARRY BARNARD*
STREET ADDRESS *1965-H WEST MINISTER CIRCLE*
CITY-ST-ZIP *VERO BEACH, FL 32966*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *JEFF SNYDER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFF SNYDER U.P.

Date

Daytime Phone #

4/30/02 954974 0770

CR2E034B (12/01)