NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State
06-18-2002 90485 014 ****61.25

DOCUMENT # N01000006091

1. Entity Name
Metropolitan Environmental Training Alliance, Inc.

DO NOT WRITE IN THIS SPACE

39219

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3319 MAGUIRE BLVD	3319 MAGUIRE BLVD
Suite, Apt. #, etc. SUITE 232	Suite, Apt. #, etc. SUITE 232
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32803 Country US	Zip 32803 Country US

4. FEI Number 01-0574855 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JEFF PRATHER

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

400 RINEHART RD

City LAKE MARY **FL** Zip Code 32746

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 JEFF PRATHER — CHAIRPERSON
Signature, typed or printed name of registered agent and title if applicable. (NO. Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CHAIRPERSON	TITLE	
NAME	JEFF PRATHER	NAME	
STREET ADDRESS	400 RINEHART RD	STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP	
TITLE	VICE CHAIR	TITLE	
NAME	KELLY EBER	NAME	
STREET ADDRESS	1331 PALMETTO AVE, SUITE 210	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	
TITLE	TREASURER	TITLE	
NAME	JENNIFER DICKERSON	NAME	
STREET ADDRESS	P.O. BOX 9331	STREET ADDRESS	
CITY-ST-ZIP	GLENWOOD, FL ~~32750~~ 32722	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	LU BURSON	NAME	
STREET ADDRESS	3319 MAGUIRE BLVD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32803	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	TOM WATERS	NAME	
STREET ADDRESS	1634 SR 419	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32750	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	TOM LUBOZYNSKI	NAME	
STREET ADDRESS	6501 MAGIC WAY	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32809	CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF PRATHER — 7.19.02 — 407.992.6671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/18/2002-90485-014-$61.25-$61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

39219 Attachment

[redacted]

DOCUMENT # N01000001091

1. Entity Name

METROPOLITAN ENVIRONMENTAL TRAINING ALLIANCE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3319 MAGUIRE BLVD	3319 MAGUIRE BLVD
Suite, Apt. #, etc.: SUITE 232	Suite, Apt. #, etc.: SUITE 232
City & State: ORLANDO, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 32803 Country: ORANGE	Zip: 32803 Country: ORANGE

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4. FEI Number 02-0579855 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

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: SAME REGISTERED AGENT APPLY — DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	CHAIR PERSON
NAME	JEFF PRATTEN
STREET ADDRESS	900 RINEHART RD
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	VICE CHAIR
NAME	KELLY EDER
STREET ADDRESS	1331 PALMETTO AVE, SUITE 210
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	TREASURER
NAME	JENNIFER DICKERSON
STREET ADDRESS	P.O. BOX 9331
CITY-ST-ZIP	GLENWOOD, FL 32722
TITLE	DIRECTOR
NAME	TOM WATERS
STREET ADDRESS	1634 SR 419
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	DIRECTOR
NAME	LU BURSON
STREET ADDRESS	3319 MAGUIRE BLVD
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	DIRECTOR
NAME	TOM LUBOBYNSKI
STREET ADDRESS	6501 MAGIC WAY
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
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SIGNATURE: Jeff Pratten — 5.6.02 — 4079426671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #