2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (VBR)

DOCUMENT #

P01000054769

1. Entity Name

METTECULOUS, INC.

FILED Jul 31, 2003 8:00 am Secretary of State 07-31-2003 90071 025 ***550.00

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Principal Plac	e of Business	Mailing Add	dress		l						
700 ORTON AVE. STE 108		700 ORTON AVE. STE 108				[·.		
FT LAUDERD	ALE FL 33304	FT LAUDERDALE FL 33304						B.111 85111 88181	#1111 MIGIE 18 0 1	18 6) (16 16) (16 16	
						'					
	lace of Business	3. Mailing Address						#111 00 311 3010 1 1		IN BILLU IEIL ERBI	
Suite, Apt.	SE 10 AUE	2005 SE 10 AVE Suite. Apt. #, etc.									
અમ પ (# 403				Ì	CHECK HERE IF MAKING CHANGES				
City & Stat	e .	City & State FT. UNUDERDALE, FLA			4.	FEI Number 65-1104302 Applied For			Applied For]	
	JAUDERDALE, FLA					00 110				Not Applicable	-
Zip 333	Country USA	Zip 333	16	Count	"YUSA	5.	Certificate of Status Desired		\$8.75 Ad Fee Requir		
	6. Name and Address of Current R				7.	7. Name and Address of New Registered Agent					
					Name		•				
	DENNIS M P.A.	Stree			Street Add	t Address (P.O. Box Number is Not Acceptable)					
	EDERAL HWY, #204							· · · · ·			┨
PUMPAN	O BEACH FL 33062						<u> </u>				
<u> </u>					City			FL	Zip Co	de	
	named entity submits this statement for ions of registered agent.	the purpose o	f changing its re	gistere	ed office or re	gistered ag	gent, or both, in the State of Fl	orida. I am f	amiliar with	, and accept	
SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable.	(NOTE: R	egistered	Agent signature	required when	réinstating)	DATE			
F	ILE NOW!!! FEE-IS \$550.00						9 Floation Compaign Fi	nanaina	φ _E .	00	1
,	ptember 10, 2003 Fee will be \$750. Repartment of Payable to Florida Department of	1					Election Campaign Fi Trust Fund Contribution			00 May Be ed to Fees	
10.	OFFICERS AND D			11.		AI	DDITIONS/CHANGES TO OF	FICERS AND		RS IN 11] _
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: