2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 28, 2002 8:00 am Secretary of State DOCUMENT # P01000096259 1. Entity Name 03-28-2002 90036 028 ***150.00 MISCELLANOUS METALS, INC. Principal Place of Business Mailing Address #1008 BURNETT STREET 1008 BURNETT STREET OVIEDO FL 32765 OVIEDO FL 32765 2. Principal Place of Business 3. Mailing Address 218 Court 14885 SE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 3748308 <u>Jmatill</u> Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 32784 usa Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Michalek BOWEN, CHARLES Street Address (P.O. Box Number is Not Acceptable) 1008 BURNETT STREET 218 Court 5E OVIEDO FL 32765 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PVTD** Delete TITLE ☐ Change Addition **BOWEN, CHARLES** NAME NAME 1008 BURNETT STREET STREET ADDRESS STREET ADDRESS L CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-ZIP VSD ☐ Delete TITLE Change Addition TITLE MICHALEK, EDWARD NAME NAME 1008 BURNETT STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **OVIEDO FL 32765** Sec/treas TITLE ☐ Delete TITLE ☐ Change Addition nicae michalek NAME NAME STREET ADDRESS 14885 SE 218 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Umatilla Fl 32784 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP obsect qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director courte this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the inform indicated on this report of of the corporation or the changed, or on an attac

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