

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90309 001 ***150.00

0117586
 AV

DOCUMENT # P01000103911

1. Entity Name
METTE CONSTRUCTION, INC.

Principal Place of Business

6827 DODGE ROAD
 COCOA FL 32927

Mailing Address

6827 DODGE ROAD
 COCOA FL 32927

2. Principal Place of Business

465 Canaveral Groves Blv

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 55

Suite, Apt. #, etc.

City & State

Cocoa, FL

City & State

Sharpes, FL

4. FEI Number

59-3755405

Applied For

Not Applicable

Zip

32926

Country

U.S.A.

Zip

32959

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORHEAD, TIMOTHY R ESQ.
 145 N. MAGNOLIA AVENUE
 ORLANDO FL 32801

7. Name and Address of New 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

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 D ☐ Delete
NAME METTE, ROXANNE
STREET ADDRESS 6827 DODGE ROAD
CITY-ST-ZIP COCOA FL 32927

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Mette, Roxanne
STREET ADDRESS P.O. Box 55
CITY-ST-ZIP Sharpes, FL 32959

TITLE Vice-President ☐ Change ☒ Addition
NAME Mette, Paul D.
STREET ADDRESS P.O. Box 55
CITY-ST-ZIP Sharpes, FL 32959

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roxanne Mette
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02

321-635-9883

Date

Daytime Phone #

CR2E034 (9/01)