

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

03-27-2002 90079 012 ***150.00

DOCUMENT # P01000107222

1. Entity Name

MTEN, INC.

DEPARTMENT OF STATE

Principal Place of Business
1219 AIRPORT RD, SUITE 311
AIRPORT PLAZA
DESTIN FL 32541

Mailing Address
1219 AIRPORT RD, SUITE 311
AIRPORT PLAZA
DESTIN FL 32541



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SMITH, PARKER B
1219 AIRPORT RD, SUITE 311
AIRPORT PLAZA
DESTIN FL 32541

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 ☐ Delete
 NAME **PD WOOLDRIDGE, WILLIAM S II**
 STREET ADDRESS **3817 OLD CHARLOTTE PARK**
 CITY-ST-ZIP **FRANKLIN TN 37064**

TITLE ☐ Delete
 NAME **TD FUDER, EDWIN JR**
 STREET ADDRESS **2480 SUNSET BLUFF DR**
 CITY-ST-ZIP **HOLLAND MI 49424**

TITLE ☐ Delete
 NAME **SD MANNES, ROBERT J**
 STREET ADDRESS **168 W 32ND ST**
 CITY-ST-ZIP **HOLLAND MI 49422**

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

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

TITLE ☐ Change ☐ Addition
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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:

Edwin J. Fuder
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

3/18/02

850 267 8519

Date

Daytime Phone #

CR2E034 (9/01)