Apr-26-02 12:39P

FILED
Jul 04, 2002 8:00 am
Secretary of State
07-04-2002 90562 002 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name
METALS OF CENTRAL FLORIDA, INC

P01 000109052

DO NOT WRITE IN THIS SPACE

B01270[redacted] RYAN

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1301 ATLANTA AVE	1301 ATLANTA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32806 Country: USA	Zip: 32806 Country: USA

4. FEI Number: 04-3618464 ☐ 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: Ryan E. Wilson

Street Address (P.O. Box Number is Not Acceptable): 2713 Peggy Drive

City: Kissimmee FL Zip Code: 34744

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: Ryn WA 6-6-02

Signature, typed or printed name of registered agent and title if applicable (for OTC, 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
MGM MBM MIKE WILSON 1784 CHERYL LANE KISSIMMEE, FL 34744	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mike Wilson M. Ke WILSON 4-29-02

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

CR2E034B (12/01)

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