2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90474 009 ***150.00

FILED

DOCUMENT # 1. Entity Name METAL ZOO, INC.	P02000002305	
Principal Place of Business	Mailing Address	
1009 LOTHIAN DR.	1009 LOTHIAN DR.	
TALLAHASSEE FL 32312	TALLAHASSEE FL 32312	
2 Principal Place of Pusinger	O Marilla Andrews	774.

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2. Principal	2. Principal Place of Business		3. Mailing Address		-	1 TODAY TOD HAY BOARD SHAIN BOUNK BOARD BOARD BOARD BOARD AND BOARD HAND BOARD BANK TODAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & Sta	City & State City & State			4. FEI Number Applied Fo Not Applied Fo			pplied For lot Applicable		
Zip		Country	Zip	Country		ficate of Status Desired	\$8.75 Ac	lditional	
Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									
				Name		and Address of New Registered A	yent		
REEVES, BILL			Street Addr	Stroot Address (DO Day Number in Net Assessed 1)					
	thian dr.	(30 pm		Street Addit	Street Address (P.O. Box Number is Not Acceptable)				
TALLAHA	ISSEE FL 32	312						.	
1 2				City		FL	Zip Cod	te	
irie ogliga	mous oi registe	submits this statement for ered agent.	or the purpose of changing its re	egistered office or reg	istered agent, o	or both, in the State of Florida. I am fa	I amiliar with,	and accept	
SIGNATURE	Signature, typed o	r printed name of registered agent	and title if applicable. (NOTE: f	Registered Agent signature rea	quired when reinstatin	ng) DATE			
Afte Make Chec	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	f State		Ş	D. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10. குதி	00	OFFICERS AND	DIRECTORS	11.	ADDITIO	ONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME	DP Reeves, B	11 t	☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS	1009 LOTH			NAME STREET ADDRESS					
CITY-ST-ZIP	TALLAHASS	SEE FL 32312		CITY-ST-ZIP				Ì	
TITLE	ST		☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS	OSBORNE,			NAME					
_CITY-ST-ZIP	1632 BEAC	H AVE. BEACH FL 32233		STREET ADDRESS CITY-ST-ZIP					
TITLE	7	DESTRUITE GEEGO	□ Delete	TITLE		<u> </u>	Change	- Addition	
NAME			L Desert	NAME			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS				}	
			-	CITY-ST-ZIP					
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NAME STREET ADDRESS			•	NAME			_ •		
CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					
TITLE		<u> </u>	☐ Delete	TITLE			T Chases	[] Addition	
NAME	•			NAME		L	Change	Addition	
STREET ADDRESS				STREET ADDRESS		•			

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

904 354-9777