

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)


FILED

03 SEP 30 AM 9:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

300023416199
 09/30/03--01005--023 **150.00

DOCUMENT # **P0200061339**
 1. Entity Name
METRO-SUN INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
46 N. TAMPA AVE

Suite, Apt. #, etc.
SUITE 1

City & State
ORLANDO

Zip
32805

Country
ORANGE

3. Mailing Address

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1234568

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
TREVOR K. BAILEY

Street Address (P.O. Box Number is Not Acceptable)
625 E. COLONIAL DR.

City
ORLANDO, FL

Zip
32803

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **TREVOR K. BAILEY** DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
PRESIDENT
 NAME
ANTHONY FOWLER
 STREET ADDRESS
3038 N JOHN YOUNG PKWAY
 CITY-ST-ZIP
ORLANDO, FL 32804

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
VICE PRESIDENT
 NAME
DELORES FRIEND
 STREET ADDRESS
24629 BERRY ST.
 CITY-ST-ZIP
DAISLEY, FL 32767

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
TREASURER
 NAME
LULA COLE
 STREET ADDRESS
2308 HASTING AVE
 CITY-ST-ZIP
ORLANDO, FL 32808

DO NOT WRITE IN THIS SPACE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 on an attachment with an address, with all other like empowerments.

SIGNATURE: **Anthony Fowler** **Anthony Fowler** 05 28 03

CR2E034B (12/02)