


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-22-2003 90102 001 ***300.00

DOCUMENT # P02000071242	
1. Entity Name METRETEK CONTRACT MANUFACTURING COMPANY, INC.	

Principal Place of Business 300 NORTH DRIVE MELBOURNE FL 32934	Mailing Address 300 NORTH DRIVE MELBOURNE FL 32934
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 02-0690226	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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MURTHA, BRIAN J 1751 SARNO ROAD SUITE 3 MELBOURNE FL 32935
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Name Kellogg, Thomas R.
Street Address (P.O. Box Number is Not Acceptable) 300 North Drive
City Melbourne
FL Zip Code 32934

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  **DATE** 3/4/03

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE CD	<input type="checkbox"/> Delete
NAME MARCEAN, W. Phillip	
STREET ADDRESS 303 EAST 17TH AVE Suite 640	
CITY-ST-ZIP DENVER, CO 80203	
TITLE PD	<input type="checkbox"/> Delete
NAME KELOGG, THOMAS R.	
STREET ADDRESS 300 North Drive	
CITY-ST-ZIP MELBOURNE, FL 32934	
TITLE JD	<input type="checkbox"/> Delete
NAME SUBBAND, A. RUTHIE	
STREET ADDRESS 303 EAST 17TH AVE, Suite 640	
CITY-ST-ZIP DENVER, CO 80203	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DATE** 3/4/03 **Daytime Phone #** 800-327-8589