2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000012283 Apr 28, 2000 8:00 am Secretary of State 1. Entity Name METFAB. INCORPORATED 04-28-2000 90025 008 ***150.00 Principal Place of Business Mailing Address 533 BRANNEN ROAD WEST 533 BRANNEN ROAD WEST LAKELAND FL 33803-8324 LAKELAND FL 33813 3. Mailing Address 2. Principal Place of Business 2520 MCJUNKIN RD 2520 MCJUNKIN Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE LAKELAN Applied For 4. FEI Number City & State City & State 59-3295798 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROCK, GLEN L Street Address (P.O. Box Number is Not Acceptable) 5151 S. LAKELAND DRIVE, SUITE 9 LAKELAND FL 33813 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITI F 4-enange TITLE ☐ Delete MILLER, RONALD G NAME NAME 2520 MCJUNKIN RD 533 BRANNEN ROAD WEST STREET ADDRESS STREET ADDRESS LAKELAND, FL 33803-8324 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP · · · Change - Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 time empowered.