

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90031 011 \*\*\*150.00

**DOCUMENT # P96000041079**

**1. Entity Name**  
**JOHN'S BRIDAL, INC.**

**Principal Place of Business**

~~821 N. NOVA ROAD~~ **1216 RIDGEWOOD AVE**  
~~SUITE 3~~ **Holly Hill, FL**  
~~DAYTONA BEACH FL 32117~~ **32117**  
**US**

**Mailing Address**

~~821 N. NOVA ROAD~~ **1216 RIDGEWOOD AVE**  
~~SUITE 3~~ **Holly Hill, FL**  
~~DAYTONA BEACH FL 32117~~ **32117**  
**US**



**2. Principal Place of Business**

**1216 RIDGEWOOD AVE**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**1216 RIDGEWOOD AVE**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

**Holly Hill, FL**

**City & State**

**Holly Hill, FL**

**4. FEI Number 59-3393118**

**Applied For**  
 Not Applicable

**Zip**

**32117**

**Country**

**Volusia**

**Zip**

**32117**

**Country**

**Volusia**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**METZGER, JOHN L**  
**245 WEST COUNTRY CIRCLE DRIVE**  
**DAYTONA BEACH FL ~~32124-0810~~**

*New Zip*

**7. Name and Address of New Registered Agent**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City** **FL** **Zip Code** **32128-6616**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: 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)**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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**

<b>TITLE</b>	<b>PSTD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>METZGER, JOHN L</b>	
<b>STREET ADDRESS</b>	<b>245 COUNTRY CIRCLE DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>DAYTONA BEACH FL <del>32124-0810</del> 32128-6616</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>32128-6616</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 and all other like empowered.**

**SIGNATURE:**

*John Metzger*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-3-02** **(386) 255-4696**  
 Date Daytime Phone #

CR2E034 (9/01)