2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000020201** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name METRO ADVERTISING SERVICES OF FLORIDA. INC. 04-21-2000 90018 044 ***150.00 Mailing Address Principal Place of Business 980 PASADENA AVENUE 505 SOUTH MAGNOLIA TAMPA FL 33606 ST PETERSBURG FL 33707-2026 HS Principal Place of Business 5950 Pelican 3. Mailing Address 5950 Delican Plaza Plaza Suite, Apt. #, etc. +0 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3438312 Not Applicable Country Country U.SA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHUTT, WILLIAM Street Address (P.O. Box Number is Not Aspentable) a 505 SOUTH MAGNOLIA TAMPA FL 33606 35°570 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 DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITI F TITLE ☐ Delete Schutt, William 5950 Pelican Plaza Stc. 401 NAME SCHUTT, WILLIAM M NAME STREET ADDRESS **505 SOUTH MAGNOLIA** STREET ADDRESS Gulfport, FL 33707 CITY-ST-ZIP TAMPA FL 33606 CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE SCHUTT, WILLIAM M NAME STREET ADDRESS STREET ADDRESS 6950 PELICAN PLACE CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33707 □ 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-7IP ☐ Change ☐ Addition ☐ Defete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete 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 impowered 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 addjess, with all

Date

Davtime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR