

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90122 019 \*\*\*150.00

**DOCUMENT # P97000025197**

1. Entity Name  
**MTS ANALYTICS, INC.**

Principal Place of Business  
**7540 FOUNDERS WAY**  
**PONTE VEDRA BEACH FL 32082**

Mailing Address  
**7540 FOUNDERS WAY**  
**PONTE VEDRA BEACH FL 32082**



2. Principal Place of Business  
**7540 Founders Way**  
 Suite, Apt. #, etc.

3. Mailing Address  
**7540 Founders Way**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Ponte Vedra Beach, FL**  
 Zip **32082** Country **USA**

City & State  
**Ponte Vedra Beach, FL**  
 Zip **32082** Country **USA**

4. FEI Number **59-3433108**

Applied For  
 Not Applicable

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

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

**SHREVE, MICHAEL T**  
**7540 FOUNDERS WAY**  
**PONTE VEDRE BEACH FL 32082**

**NO CHANGE**

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

Name **Michael T. Shreve**

Street Address (P.O. Box Number is Not Acceptable)

**7540 Founders Way**

City **Ponte Vedra Beach** **FL** Zip Code **32082**

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. (NOTE: Registered Agent signature required when reinstating)

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**

TITLE **P** ☐ Delete  
 NAME **SHREVE, MICHAEL T**  
 STREET ADDRESS **7540 FOUNDERS WAY**  
 CITY-ST-ZIP **PONTE VEDRE BEACH FL 32082**

TITLE **V** ☐ Delete  
 NAME **SHREVE, CHRISTINE A**  
 STREET ADDRESS **8941 FALLS FARM DRIVE**  
 CITY-ST-ZIP **POTOMAC MD 20854**

TITLE **S** ☐ Delete  
 NAME **SHREVE, SHARON A**  
 STREET ADDRESS **7540 FOUNDERS WAY**  
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **11810 PARKLAWN DRIVE, #200**  
 CITY-ST-ZIP **ROCKVILLE, MD 20852**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 like empowered.

SIGNATURE: Christine A. Shreve **CHRISTINE A. SHREVE** 4/9/02 301-881-9854  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)