

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90141 001 \*\*\*150.00

**DOCUMENT # P97000029290**

**1. Entity Name**  
**MET COMMUNICATIONS, INC.**

**Principal Place of Business**  
**12215 N. FLORIDA AVE**  
**TAMPA FL 33612**  
**US**

**Mailing Address**  
**PO BOX 17190**  
**TAMPA FL 33652**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

**P.O. BOX 17190**

**Suite, Apt. #, etc.**

**TAMPA**

**CITY & STATE**  
**TAMPA, FL 33682**

**4. FEI Number** **59-3435918**

**Applied For**  
**Not Applicable**

**Zip** **Country**  
**33682** **US**

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

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

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

**THOMPSON, BRYAN**  
**12215 N. FLORIDA AVE**  
**TAMPA FL 33612**

**Name**

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

**City**

**FL** **Zip Code**

**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**

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

<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>THOMPSON, BRYAN</b>
<b>STREET ADDRESS</b>	<b>12215 N. FLORIDA AVE</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33612</b>
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>MONDOR, RICHARD A</b>
<b>STREET ADDRESS</b>	<b>10401 GREENMONT DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33626</b>
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>ELKINS, RUSSELL M</b>
<b>STREET ADDRESS</b>	<b>PO BOX 5035</b>
<b>CITY-ST-ZIP</b>	<b>FAIRMOUNT WV 26555-5035</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"/> 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>	
<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 partner 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-25-02** **813-936-0200**  
 Date Daytime Phone #

CR2E034 (9/01)