

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038353

1. Entity Name

METALADE FL, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90034 008 ***150.00

Principal Place of Business

130 TECH DRIVE
SANFORD FL 32771
US

Mailing Address

130 TECH DRIVE
SANFORD FL 32773-7131
US

2. Principal Place of Business

1770 E. LAKE MARY BLVD.

3. Mailing Address

1770 E. LAKE MARY BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SANFORD FL

City & State

SANFORD FL

4. FEI Number

65-0751340

Applied For

Not Applicable

Zip

32773

Country

USA

Zip

32773

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GROTH, RICHARD F
240 EAGLETON ESTATES BLVD.
PALM BEACH GARDENS FL 32771

7. Name and Address of New Registered Agent

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	GROTH, RICHARD F	
STREET ADDRESS	240 EAGLETON ESTATES BLVD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 32771	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BURTON, ROBERT J.	
STREET ADDRESS	8826 REPARTO DRIVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT A. CARTER	
STREET ADDRESS	713 CREEKWATER TERR., UNIT 111	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Richard F. Groth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00
Date

407-328-7456
Daytime Phone #

CR2E034 (9/99)