FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P97000038353 METALADE FL. INC. 04-23-2001 90186 025 ***150.00 Principal Place of Business Mailing Address 1770 E LAKE MARY BLVD 1770 E LAKE MARY BLVD SANFORD FL 32773 SANFORD FL 32773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0751340 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GROTH RICHARD F GROTH, RICHARD F Street Address (P.O. Box Number is Not Acceptable) 240 EAGLETON ESTATES BLVD. PALM BEACH GARDENS FL 32771 16 RABBITS RUN ALM BEACH GARDENS FL 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, typed or printed name of registered agent and title if applicab (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete GROTH, RICHARD F. GROTH, RICHARD F NAME NAME 16 RABBITS RUN STREET ADDRESS 240 EAGLETON ESTATES BLVD. STREET ADDRESS PALM BEACH GARDENS FL 3348 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 32771 TITLE Delete TITLE CARTER, SCOTT A 286 TAVESTOCK LOOP WINTER SPRINGS FL 32708 CARTER, SCOTT A NAME NAME STREET ADDRESS 713 CREEKWATER TERR UNIT 111 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change | ☐ Addition 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 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 arrandress, with all other like empowered.