

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90058 018 ***150.00

00889335 AV

DOCUMENT # P97000040785

1. Entity Name

METROONE DEVELOPMENT COMPANY

Principal Place of Business

**427 SO NEW YORK AVE
WINTER PARK FL 32789**

Mailing Address

**427 SO NEW YORK AVE
WINTER PARK FL 32789**

2. Principal Place of Business

427 So. New York Ave.

Suite, Apt. #, etc.

SUITE 201-C

City & State

WINTER PARK, FL

Zip

32789

Country

USA

3. Mailing Address

427 So. New York Ave.

Suite, Apt. #, etc.

SUITE 201-C

City & State

WINTER PARK, FL

Zip

32789

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3452391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, CRAIG B

**105 E ROBINSON ST STE 501
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

ROBERT P. SALTSMAN

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

222 S. PENNSYLVANIA AVE., SUITE 200

City

WINTER PARK

State

FL

Zip Code

32789

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

Robert Saltzman

3/7/02

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROHR, JAY	
STREET ADDRESS	427 SO NEW YORK AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	PS	<input type="checkbox"/> Delete
NAME	ROHR, JAY	
STREET ADDRESS	427 S NEW YORK AVENUE	
CITY-ST-ZIP	WINTER PARK FL 32789	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1520 NEOLA TRAIL	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1520 NEOLA TRAIL	
CITY-ST-ZIP	WINTER PARK, FL 32789	
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:

Jay Rohr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/02 407-629-6001

CR2E034 (9/01)