

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

DOCUMENT # P97000045249

1. Entity Name

METES AND BOUNDS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

02-02-2000 90040 047 ***150.00

Principal Place of Business

49 SW FLAGLER AVE.
 SUITE 2A
 STURAT FL 34994
 US

Mailing Address

49 SW FLAGLER AVE.
 SUITE 2A
 STURAT FL 34994-2140
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0755444

Applied For
 Not Applicable

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

CONWAY, JEANNE O ESQ.
~~580 VILLAGE BLVD.~~
~~SUITE 160~~
~~WEST PALM BEACH FL 33409~~

Name

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

P.O. BOX 16396 2090 PALM BEACH LAKES BLVD

WEST PALM BEACH

33409

WEST PALM BEACH

FL

Zip Code

33416

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 file 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☒ Delete
 NAME WILLIAMS, STEVE D PSM
 STREET ADDRESS 49 SW FLAGLER AVE. SUITE 2A
 CITY-ST-ZIP STUART FL 34994

TITLE VP ☐ Change ☒ Addition
 NAME WRAY D. JORDAN
 STREET ADDRESS 49 SW FLAGLER AVE SUITE 2A
 CITY-ST-ZIP STUART FL 34994

TITLE PSTD ☐ Delete
 NAME MORALES, PEDRO B
 STREET ADDRESS 49 SW FLAGLER AVE. SUITE 2A
 CITY-ST-ZIP STUART FL 34994

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/99)