

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045856

1. Entity Name

KATHY A. METZGER, P.A.

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90094 035 \*\*\*150.00

Principal Place of Business

789 S FEDERAL HWY  
206  
STUART FL 34994  
US

Mailing Address

789 S FEDERAL HWY  
2065  
STUART FL 34994  
US

2. Principal Place of Business

800 MONTEREY COM. BLVD

3. Mailing Address

800 MONTEREY COM. BLVD.

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

103

City & State

STUART, FL

City & State

STUART, FL

Zip

34996

Country

USA

Zip

34996

Country

USA

6. Name and Address of Current Registered Agent

METZGER, KATHY A  
789 S. FEDERAL HIGHWAY  
STE 206  
STUART FL 34994

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
800 MONTEREY COM. BLVD.  
STE 103  
STUART, FL FL 34996

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, 2001 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  
NAME METZGER, KATHY A  
STREET ADDRESS 8396 IRONHORSE CT  
CITY-ST-ZIP WEST PALM BEACH FL 33412

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)