

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90436 020 \*\*\*150.00

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**DOCUMENT # P97000045856**

1. Entity Name  
**KATHY A. METZGER, P.A.**



Principal Place of Business  
**800 MONTEREY COM. BLVD.**  
**103**  
**STUART FL 34996**  
**US**

Mailing Address  
**8396 IRONHOUSE CT**  
**WEST PALM BEACH FL 33412**  
**US**



2. Principal Place of Business  
**8396 IRONHOUSE CT**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**WEST PALM BEACH FL**

City & State

4. FEI Number **65-0754884**

Applied For  
Not Applicable

Zip **33412** Country **USA**

Zip Country

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

**METZGER, KATHY A**  
**800 MONTEREY COM. BLVD.**  
**STE 103**  
**STUART FL 34996**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**8396 IRONHOUSE COURT**

City **WEST PALM BEACH FL** Zip **33412**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **METZGER, KATHY A**  
STREET ADDRESS **8396 IRONHOUSE CT**  
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)