

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90070 025 \*\*\*150.00

0403790 AV

**DOCUMENT # P98000024076**

1. Entity Name

**METCALF ENTERPRISES, INC.**

Principal Place of Business

**1072 SW 42 WAY  
DEERFIELD BCH FL 33442**

Mailing Address

**1072 SW 42 WAY  
DEERFIELD BCH FL 33442**

**80065026**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1471 SW 14<sup>th</sup> ST.**

3. Mailing Address

**1471 SW 14<sup>th</sup> ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BOCA RATON FL**

City & State

**BOCA RATON FL**

4. FEI Number

**65-0818750**

Applied For

Not Applicable

Zip

**33486**

Country

**USA**

Zip

**33486**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**METCALF, WENDY R**

**1072 SW 42 WAY**

**DEERFIELD BCH FL 33442**

7. Name and Address of New Registered Agent

Name

**WENDY R. METCALF**

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

**1471 SW 14<sup>th</sup> ST**

City

**BOCA RATON**

FL

Zip Code

**33486**

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

*Wendy R. Metcalf*

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

(NOTE: Registered Agent signature required when reinstating)

**4-5-02**

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          | PCD                           | <input type="checkbox"/> Delete |
| NAME           | <b>METCALF, WENDY R</b>       |                                 |
| STREET ADDRESS | <b>1072 SW 42 WAY</b>         |                                 |
| CITY-ST-ZIP    | <b>DEERFIELD BCH FL 33442</b> |                                 |
| 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    |                               |                                 |
| 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 | <b>1471 SW 14<sup>th</sup> ST</b> |  |
| CITY-ST-ZIP    | <b>BOCA RATON FL 33486</b>        |  |
| 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    |                                   |  |
| 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:

*Wendy R. Metcalf* **WENDY R. METCALF**

**4-5-02**

**954-645256**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)