

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-01-2000 90020 003 ***150.00

DOCUMENT # P98000029403

1. Entity Name

METRO SYNTHETICS, INC.

Principal Place of Business

~~118 WEST ORANGE STREET
 ALTAMONTE SPRINGS FL 32714~~

Mailing Address

~~118 WEST ORANGE STREET
 ALTAMONTE SPRINGS FL 32714-2537~~

008998



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

254 LAKE ELLENOR

Suite, Apt. #, etc.

City & State

CASSELLBERRY FL

3. Mailing Address

P.O. 195223

Suite, Apt. #, etc.

City & State

WINTER SPRINGS

4. FEI Number

59-3500294

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name

BRUSE DAVE

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

254 LAKE ELLENOR DR

City

CASSELLBERRY

FL

Zip Code

32708

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, 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

TITLE: **PSD** Delete
 NAME: **CZODLI, JOHN M JR.**
 STREET ADDRESS: **118 WEST ORANGE STREET**
 CITY-ST-ZIP: **ALTAMONTE SPRINGS FL 32714**

TITLE: **VTD** Delete
 NAME: **BRUSE, DAVE**
 STREET ADDRESS: **118 WEST ORANGE STREET**
 CITY-ST-ZIP: **ALTAMONTE SPRINGS FL 32714**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Delete
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TITLE: Delete
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 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PSD** Change Addition
 NAME: **CZODLI, JOHN M JR.**
 STREET ADDRESS: **254 LAKE ELLEN DR**
 CITY-ST-ZIP: **CASSELLBERRY FL 32708**

TITLE: **VTD** Change Addition
 NAME: **BRUSE, DAVE**
 STREET ADDRESS: **254 LAKE ELLENOR**
 CITY-ST-ZIP: **CASSELLBERRY FL 32708**

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

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

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 CITY-ST-ZIP: Change Addition

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

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 REQUIRED**

1/18/2000 **407-484-115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #