

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052832

1. Entity Name

EXTRA ATTIC METROWEST, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90018 046 ***150.00

Principal Place of Business

6327 EDGEWATER DRIVE
ORLANDO FL 32810

Mailing Address

6327 EDGEWATER DRIVE
ORLANDO FL 32810-4719

00020605



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3516074

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, MARC M
6327 EDGEWATER DR
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	SHADER, RONALD J	
STREET ADDRESS	6327 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHADER, STANLEY J	
STREET ADDRESS	6327 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, MARC N	
STREET ADDRESS	6327 EDGEWATER DR	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, LAURIE S	
STREET ADDRESS	6327 EDGEWATER DR	
CITY-ST-ZIP	ORLANDO FL 32810	
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 type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

✓
JOHN McLANE
6327 EDGEWATER DR
ORLANDO FL 32810

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] MARC SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00
Date

407-277-3653
Daytime Phone #