FILED 2000 UNIFORM BUSINESS REPORT (UBR) Aug 21, 2000 8:00 am Secretary of State DOCUMENT # P98000087900 1. Entity Name META MARKETING, INC. 08-21-2000 90212 022 ***150.00 Principal Place of Business Mailin Address 611 WEST AZEELA STREET 611 WEST AZEELA STREET ըըսսսսս TAMPA FL 33806 TAMPA FL 33606 2. Principal Place of Business 3. Mailing Address 4206 W. PLAII 4206 W. PLATT STREET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3542371 Not Applicable TAM PA ΑΜΡΑ _ Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name H. STRATTON SMITH, III Street Address (P.O. Box Number is Not Acceptable) 611 WEST AZEELA STREET **TAMPA FL 33606** Zip Code City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing sequirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE TITLE BROWN, GARY J NAME 4206 W PLATT ST STREET ADDRESS STREET ADDRESS **TAMPA FL 33609** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITI F WHITEHEAD, KATHRYN L NAME NAME 42006 W PLATT ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33609** CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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. **EXAMPLE OF THE POOR SIGNATURE: 28/6/00 B13-286-0640

Attachment PG8000087900 DW8UV83



4206 W. PLATT STREET TAMPA, FLORIDA 33609 TOMETAMKTG@AOL.COM

TELEPHONE (813) 286-0640 FAX (813) 282-8603

Ms. Katherine Harris
Secretary of State
Florida Department of State/
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

August 3, 2000

Dear Ms. Harris:

Re: 2000 Uniform Business Report for FEI # 59-3542371

I recently received a second notice from your office that I must file subject report by September 13th or face administrative dissolution of my company; also, that I will be assessed a late charge of \$ 400 for not meeting the state's May 1st filing deadline.

My problem is that I never received your first notice because (I'm guessing) it was apparently lost in transit. If I had received it, I would have most certainly met your deadline, as I will in the future. Under the circumstances I'm asking that you waive this \$ 400 penalty and give me a second chance to comply with the regulations.

I'd appreciate anything you might be willing or able to do. Thank you.

Sincerely.

Gary J. Brown