

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095111

1. Entity Name

METANOIA PRESS, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90146 010 ***150.00

Principal Place of Business

1901 HIGHWAY A1A
SUITE 4
INDIAN HARBOUR BEACH FL 32937

Mailing Address

1901 HIGHWAY A1A
SUITE 4
INDIAN HARBOUR BEACH FL 32937-3526

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3546835**

Applied For
Not Applicable

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

CLARK, H.L. III
1901 HIGHWAY A1A
SUITE 4
INDIAN HARBOUR BEACH FL 32937

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 Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	CLARK, H L III	3700 N RIVERSIDE DR	INDIALANTIC FL 32903				
VP	MILLIGAN, ALLISON	33817 COLORADO AVE	DURHAM NC 27707				
SEC	CLARK, CAROL	3700 N RIVERSIDE DR	INDIALANTIC FL 32903				

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:

H.L. Clark III
H.L. Clark III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 25 2000 407-777-3300

Date

Daytime Phone #