

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100167

1. Entity Name

METRO ECONOMIC DEVELOPMENT GROUP, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90319 034 \*\*\*150.00

Principal Place of Business

Mailing Address

5821 LUSAID DRIVE  
JACKSONVILLE FL 32209

5821 LUSAID DRIVE  
JACKSONVILLE FL 32209-2111

2. Principal Place of Business

1605-8 North Myrtle Ave

3. Mailing Address

1605-8 North Myrtle Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32209

Country

Zip

32209

Country

4. FEI Number

59-3546436

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

HENDERSON, JAMES

920 A PHILIP RANDOLPH BLVD  
JACKSONVILLE FL 32206

1605-8 North Myrtle Ave  
JACKSONVILLE, FL 32209

Name

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

1605-8 North Myrtle Ave.

City

JACKSONVILLE

FL

Zip Code

32209

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 PD  
NAME HENDERSON, JAMES  
STREET ADDRESS 5821 LUSAID DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Delete

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

TITLE TD  
NAME HENDERSON, JUANITA  
STREET ADDRESS 5821 LUSAID DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Delete

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

TITLE VD  
NAME HENDERSON, STEVEN  
STREET ADDRESS 895 CORNWALLIS DR  
CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Henderson  
President

Date

Daytime Phone #

1/16/2000 (904) 358-9799

CR2E034 (9/99)