

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90419 033 ***150.00

DOCUMENT # **999000002316**
1. Entity Name
Metro Referral Services, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1201 Hollow Pine DR
Suite, Apt. #, etc.

3. Mailing Address
1201 Hollow Pine DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Oviedo FL
Zip
32765 Country
US

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Oviedo FL
Zip
32765 Country
US

4. FEI Number
59-3548897 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **Carlton White / Same**
Street Address (P.O. Box Number is Not Acceptable)
1201 Hollow Pine DR
City **Oviedo** FL Zip Code
32765

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Carlton White
1201 Hollow Pine DR Oviedo FL 32765**

TITLE
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STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: **Carlton White**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 407359-9071
Date Daytime Phone #

CR2ED34B (12/01)