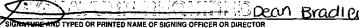
FILED

## 2002 Uniform Business Report (UBR)

## Apr 17, 2002 8:00 am Secretary of State DOCUMENT # P99000051546 1. Entity Name 04-17-2002 90041 042 \*\*\*150.00 METAL MANIA OF CTRL FL INC Principal Place of Business Mailing Address 115A OLD DAYTONA ROAD 115A OLD DAYTONA ROAD DELAND FL 32724 DELAND FL 32724 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4: FEI Number Applied For 59-3580666 Not Applicable Zip Country Zip 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 BRADLEY, FLOYD Street Address (P.O. Box Number is Not Acceptable) 115 A OLD DAYTONÁ ROAD DELAND FL 32724 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE P۷ Delete TITLE ☐ Change ☐ Addition BRADLEY, FLOYD NAME NAME STREET ADDRESS STREET ADDRESS 5556 EAST AVENUE DE LEON SPRINGS FL 32130 CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition TS NAME BRADLEY, DEAN NAME STREET ADDRESS STREET ADDRESS 115A OLD DAYTONA ROAD 🦘 CITY-ST-ZIP DELAND FL 32724 CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE Artist of a state of the NAME NAME STREET ADDRESS STREET ADDRESS 经经租赁税 装饰花 CITY-ST-ZIP CITY-ST-7IP ☐ Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:



CR2E034 (9/01