

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90065 021 ***150.00

DOCUMENT # P99000054043

1. Entity Name

METROTEK INDUSTRIES, INC.

Principal Place of Business

**12525 6TH STREET EAST
TREASURE ISLAND FL 33706**

Mailing Address

**12525 6TH STREET EAST
TREASURE ISLAND FL 33706**

2. Principal Place of Business

6880 46th Ave North

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State

St. Petersburg

City & State

Zip

FL

Country

USA

Zip

Country

4. FEI Number

13-3544693

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

GRESSETT, TIMOTHY C

**12525 6TH STREET EAST
TREASURE ISLAND FL 33706**

Name

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

**6880 46th Ave North
Suite 100**

City

St. Petersburg

FL

Zip Code

33709

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

Timothy C. Gressett, Pres

1/9/01

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, 2001 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	PTD GRESSETT, TIMOTHY C 12525 6TH STREET EAST TREASURE ISLAND FL 33706	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRESSETT, LYNNE S 12525 6TH STREET EAST TREASURE ISLAND FL 33706	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

Timothy C. Gressett, Pres. 1/9/01 727-547-8307

CR2E034 (10/00)