FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99 0000 72813

1. Entity Name Metherson Industries



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91501 029 ***150.00

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| | lace of Business E, Doeskin Lp | 3. Mailing Address | <u> </u> | | | | | | | | |
| Suite, Apt. | | Suite, Apt. #, etc. | · · · · · · · · · · · · · · · · · · · | | DO NOT WRITE IN THIS SPACE | | | | | | |
| City & Stat | «Ness, F/ | City & State | | | Ei Number 9-3597309 | Applied For Not Applicable | | | | | |
| Zip 3 + 4 5 : | Country | Zip | Country | | ertificate of Status Desired | \$8.75 Additional Fee Required | | | | | |
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| | | the same of the sa | Street A | ddress (P.O. Bo | P.O. Box Number is Not Acceptable) | | | | | | |
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| 9 The chaus | named entity submits this statement fo | the purpose of changing its | | | <u> </u> | - > + 4 > 2 - | | | | | |
| | ions of registered agent. | i the purpose of charging its | registered office of | registered age | nt, or both, in the state of Florida. I | am ramiliar with, and accept | | | | | |
| • | - | | | | | | | | | | |
| SIGNATURE . | | | | | | | | | | | |
| | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE | : Registered Agent signatu | re required when rein | stating) DA | NTE | | | | | |
| | uary 1 - May 1 Fee Is \$150.00 | | | | 9. Election Campaign Financing | 65.00 | | | | | |
| | After May 1, Fee is \$550.00 Amended UBR is \$61.25 | | | | Trust Fund Contribution. | \$5.00 May Be Added to Fees | | | | | |
| Make Check | Payable to Florida Department of | State | | | The state of the s | — Added to 1 ses | | | | | |
| 10. | OFFICERS AND | DIRECTORS | \$19.64 \$1.5 \$1.5 | The contract of the contract o | The section of the se | 17. 中华中发生高级中国港北美国中华国 | | | | | |
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICED OR DIS

LA. Mª Phenson V 4/2403 352-726-4055
ROR DIRECTOR Daysone Phone #

R2E034B (12/02)