

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086225

1. Entity Name  
**THE METAL DOCTOR, INC.**

Principal Place of Business  
**5207 S.W. 20TH PLACE  
CAPE CORAL FL 33914-6825**

Mailing Address  
**5207 S.W. 20TH PLACE  
CAPE CORAL FL 33914-6825**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0952937**

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

**SAGORAC, JEFFREY L  
5207 S.W. 20TH PLACE  
CAPE CORAL FL 33914-6825**

Name

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

City

**FL**

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  
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 **PD** ☐ Delete  
NAME **SAGORAC, JEFFREY L**  
STREET ADDRESS **5207 S.W. 20TH PLACE**  
CITY-ST-ZIP **CAPE CORAL FL 33914-6825**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91071 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

THE METAL DOCTOR, INC.  
5207 SW 20TH PLACE  
CAPE CORAL, FL 33914-6825

Cell Phone: (941)910-0600

*Attachment  
ACU69862*

*#P9100008628*

May 4, 2001

Florida Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: 2001 Uniform Business Report  
EIN: 65-0952937

Dear Sir or Madam:

Enclosed is the above referenced report that was due May 1, 2001. I am late. The purpose of this letter is to offer an explanation and request an abatement of \$500 penalty. I have made a mistake that will place a hardship on the business finances.

I am a relatively new, small self-employed business owner. My business was incorporated September 27, 1999, and this is only my second year handling the enormity of paper work required to be filed with all the various taxing entities.

My wife works full time and we have two small children under 6 years of age. I wrote the check and signed the return months ago and then set it aside to be mailed just before the due date.

And then it disappeared under a mountain of paperwork.

I respectfully and sincerely request leniency. I would deeply appreciate an abatement of the penalty. If you have any questions, please feel free to contact me at the number above.

Very truly yours,

Jeffrey Sagorac  
President