

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095050

1. Entity Name

STUDIO B / METALWORKS COMPANY

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90178 028 ***150.00

Principal Place of Business

142 S SQUARE AVE
MAITLAND FL 32751

Mailing Address

142 S SQUARE AVE
MAITLAND FL 32751

2. Principal Place of Business

142 S Swoope Ave
Suite, Apt. #, etc.

3. Mailing Address

142 S Swoope Ave
Suite, Apt. #, etc.

City & State

Maitland, FL

City & State

Maitland, FL

Zip

32751

Country

USA

Zip

32751

Country

USA

4. FEI Number

59-3610645

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

BONUS, SANDRA D
142 S SQUARE AVE
MAITLAND FL 32751

Name

SANDRA BONUS

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

142 South Swoope Ave

City

Maitland

FL

Zip Code

32751

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 ☐ Delete
NAME D
STREET ADDRESS GRANTHAM, SUZANNE T
CITY-ST-ZIP 7 WEST YALE ST.
ORLANDO FL 32804

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BONUS, SANDRA D
CITY-ST-ZIP 2033 MOHAWK TRAIL
MAITLAND FL 32751

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Suzanne Grantham

Suzanne Grantham

Date

Daytime Phone #

01-19-01 (407) 644-2889

CR2E034 (10/00)