

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 12, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90206 044 \*\*\*150.00

**DOCUMENT # S19950**

1. Entity Name  
**METTLERS, INC.**

Principal Place of Business Mailing Address  
**35 S BLVD OF PRESIDENTS SARASOTA FL 34236**

306266

2. Principal Place of Business 3. Mailing Address  
**1249 TALLEVAST RD 1249 TALLEVAST RD.**

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
**SARASOTA, FL SARASOTA, FL 65-0236266 Not Applicable**

Zip Country Zip Country 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
**34243 USA 34243 USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

**METTLER, LOUIS P**  
**35 S BLVD OF PRESIDENTS**  
**SARASOTA FL 34236**

Name **BENJAMIN, ROBERT W.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**200 SOUTH ORANGE AVE.**  
 City **SARASOTA** FL Zip Code **34236**

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 *Robert W. Benjamin* DATE **3/3/00**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so:  (See criteria on back).

**FILE NOW! IN FEES IS \$1000**  
**After MAY 1, 2000 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	PD METTLER, LOUIS P 604 NORSOTA WAY SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS METTLER, KATHLEEN F 604 NORSOTA WAY SARASOTA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS LOCKE, RON 1249 TALLEVAST RD SARASOTA FL 34243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D METTLER, KATHLEEN F 604 NORSOTA WAY SARASOTA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *R. Locke* DATE: **5-5-00** DAYTIME PHONE #: **941 358-7777**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)