2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V05933

1. Entity Name

METROCORP CENTERS, INC.

Principal Place of Business

Mailing Address

2700-D NW 43RD STREET GAINESVILLE FL 32606

2700-D NW 43RD STREET GAINESVILLE FL 32607-1635

2. Principal Place of Business 3. Mailing Address

FILED Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90075 024 ***150.00

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Suite, Apt.		versity Ave.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State Gainesville, FL			City & State Gainesville, FL			4.	4. FEI Number 59-3102337			oplied For
								\$8.75 Additional Fee Required		
	6. Name	and Address of Current Re	gistered Agent			7.	Name and Address of New Re	sistered Ag	ent	
HODOR, HOWARD 2700-D NW 43RD STREET GAINESVILLE FL 32606					Name Street Address (P.O. Box Number is Not Acceptable)					
					7328-F W. University Ave.					
					Gäines	sville,	1	FL	^z 3260	<u>לו</u>
8. The above	e named entity	y submits this statement for the	ne purpose of changing its	registered			gent, or both, in the State of Flori	da.		
SIGNATURE	Signature, typed	or printed name of registered agent and	title if applicable. (NOTI	E: Registered /	Agent signature	required when r	einstating)	DATE	-	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FILE NOW!! FILE					ill be \$550	0.00	10. Election Campaign Final Trust Fund Contribution.	ncing		00 May Be d to Fees
11.		OFFICERS AND DI	RECTORS	12.	-	A	DDITIONS/CHANGES TO OFFIC	ERS AND D	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HODOR, 2700-D N GAINESVI	W 43RD STREET	□ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP		F W. University A sville, FL 32607	,	X) Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST SHAW, J/	AMES W W 43RD STREET	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP		NW 88th Place ua, FL 32615		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	T ADDRESS	,			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	T ADDRESS				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			1	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	r address St-zip				☐ Change	☐ Addition

indicated on this report or suppler of the corporation or the received of changed, or on an attack ment with Atlal 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 dustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if a address, with all other like empowered.

SIGNATURE

naturi required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard_Hodor

04/17/00

Daytime Phone #