2003 FOR PROFIT CORPORATION

Jun 19, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) **Secretary of State** P94000044587 DOCUMENT # 06-19-2003 90042 033 ***550.00 1. Entity Name METROPOLIS DEVELOPERS, INC. Principal Place of Business Mailing Address 110 S HOOVER BLVD 110 S HOOVER BLVD #200 #200 **TAMPA FL 33609** TAMPA FL 33609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-3252288 Not Applicable Zip Country Country \$8.75 Additional \$. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, FORD B Street Address (P.O. Box Number is Not Acceptable) 5009 SAN MIGUEL STREET **TAMPA FL 33629** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registere'd agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition ☐ Delete TITLE NAME SMITH, FORD B NAME STREET ADDRESS 5009 SAN MIGUEL STREET STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33629** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME GARCIA SMITH, MARIA E NAME STREET ADDRESS 5009 SAN MIGUEL STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33629 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE [] Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

□ Delete

Change

FILED

Addition