

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004165

1. Entity Name  
**METROPLEX ENERGY, INC.**

Principal Place of Business  
PO BOX 16312  
ATLANTA GA 30321

Mailing Address  
PO BOX 16312  
ATLANTA GA 30321

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: **75-2652266**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

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

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's 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 NAME ☐ Delete  
**PASC  
MCBRAYER, MAX JR  
16500 HOPEWELL RD  
ALPHARETTA GA 30201**

TITLE NAME ☒ Change ☐ Addition  
**PASC  
MAX MCBRAYER, JR.**

TITLE NAME ☒ Delete  
**D  
STIER, ROBERT M  
16500 HOPEWELL RD  
ALPHARETTA GA 30201**

TITLE NAME ☐ Change ☒ Addition  
**VPAS  
CLAUDE P. CEJA  
16500 HOPEWELL RD  
ALPHARETTA GA 30201**

TITLE NAME ☐ Delete  
**VASD  
WOOD, JIM  
16500 HOPEWELL RD  
ALPHARETTA GA**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☒ Delete  
**SAV  
LANDAU, HARRIET  
16500 HOPEWELL RD  
ALPHARETTA GA 30201**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
**TAS  
DUMBACHER, ROBERT J  
16500 HOPEWELL RD  
ALPHARETTA GA 30201**

TITLE NAME ☒ Change ☐ Addition  
**TS  
ROBERT J. DUMBACHER**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer/Secretary 4/20/01 (770) 424-7600 x.188



DO NOT WRITE IN THIS SPACE

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