

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90277 001 \*\*\*150.00

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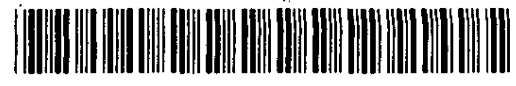
DOCUMENT # **F96000004165**



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

4. FEI Number **75-2652266**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional  
Fees Required**

CHECK HERE IF MAKING CHANGES

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

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **PASC  
MCBRAYER, MAX JR**  
STREET ADDRESS **16500 HOPEWELL RD**  
CITY-ST-ZIP **ALPHARETTA GA 30201**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **VPAS  
CZAJA, CLAUDE P**  
STREET ADDRESS **16500 HOPEWELL RD**  
CITY-ST-ZIP **ALPHARETTA GA 30201**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **VASD  
WOOD, JIM**  
STREET ADDRESS **16500 HOPEWELL RD**  
CITY-ST-ZIP **ALPHARETTA GA**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **TAS  
DUMBACHER, ROBERT J**  
STREET ADDRESS **16500 HOPEWELL RD**  
CITY-ST-ZIP **ALPHARETTA GA 30201**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D  
MCBRAYER, MAX JR**  
STREET ADDRESS **16500 HOPEWELL RD**  
CITY-ST-ZIP **ALPHARETTA GA 30201**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **Carl Bilch III**  
STREET ADDRESS **16500 Hopewell Rd.**  
CITY-ST-ZIP **Alpharetta, GA 30201**

12. 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 10 or Block 11 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**

**4/17/03 (770) 431-7600, x.1188**  
Date Daytime Phone #

CR2E034 (10/02)