

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 364939

1. Entity Name

METROPOLITAN SYSTEMS, INC.

Principal Place of Business

3014 WEST HORATIO STREET
TAMPA FL 33609

Mailing Address

3014 WEST HORATIO STREET
TAMPA FL 33609-4122

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ROCKER, JR. CHARLES L.
3014 HORATIO
TAMPA FL 33609

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent 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, 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

TITLE	PD	☐ Delete
NAME	ROCKER, JR. CHARLES L.	
STREET ADDRESS	3014 HORATIO	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	☐ Delete
NAME	GODWIN, M.E.	
STREET ADDRESS	3014 HORATIO	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	☒ Delete
NAME	EBBS, SARAH K.	
STREET ADDRESS	3014 HORATIO	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T/D	☒ Change ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33609	
TITLE	P/D	☒ Change ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33609	
TITLE		☐ Change ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	☐ Change ☒
NAME	James D. Haaf, Jr.	
STREET ADDRESS	3014 Horatio Street	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE		☐ Change ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐
NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90060 001 ***750.00

4858



DO NOT WRITE IN THIS SPACE