

2001 UNIFORM BUSINESS REPORT (UBR)

013132 AT

DOCUMENT # F00000000221

1. Entity Name
METROPLEX INDUSTRIES, INC.

FILED

02 SEP -3 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2715 OAK STREET
JACKSONVILLE FL 32205

Mailing Address
14425 CORNERSTONE VILLAGE DR.
HOUSTON TX 77014

2. Principal Place of Business

3. Mailing Address

14423 Cornerstone Village Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Houston TX

Zip

Country

Zip

Country

77014

REINSTATEMENT 01-02

4. FEI Number 76-0308926

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 RD.
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.

SIGNATURE

Howard L. Volz

Howard L. Volz, Asst Secy

7-25-02

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PCST
NAME JACKSON JR, WILLARD L
STREET ADDRESS 12202 ASHLEY CIRCLE DR WEST
CITY-ST-ZIP HOUSTON TX ☐ Delete

TITLE
NAME 400008025004 ☐ Change ☐ Addition
STREET ADDRESS -03/25/02--01081--012
CITY-ST-ZIP *****900.00 *****300.00

TITLE V
NAME QURESHI, ZIA
STREET ADDRESS 325 CHAMPIONS COLONY III
CITY-ST-ZIP HOUSTON TX ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME WILSON, GERALD
STREET ADDRESS 15915 KATY FREEWAY, STE 500
CITY-ST-ZIP HOUSTON TX ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME LUCEY, JOHN
STREET ADDRESS 600 CLUBHOUSE DRIVE
CITY-ST-ZIP PITTSBURGH PA ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information reported on 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 an other like and so forth.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/02

261-440-5503

Date

Daytime Phone #

CR2E034 (5/01)