

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90096 004 ***150.00

DOCUMENT # G61367

1. Entity Name

METROPOLITAN GLASS SYSTEMS, INC.

Principal Place of Business

Mailing Address

5115 W. KNOX STREET
 TAMPA FL 33634
 US

5115 W KNOX ST
 TAMPA FL 33634-8029
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2338916**

Applied For
 Not Applicable

Zip Country

Zip Country

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

WOODS, TIMOTHY H.
3637 BERGER RD
LUTZ FL 33549

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	WOODS, JAMES H	
STREET ADDRESS	17317 SOLIE ROAD	
CITY-ST-ZIP	ODESSA, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WOODS, TIMOTHY H.	
STREET ADDRESS	3637 BERGER RD	
CITY-ST-ZIP	LUTZ FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WOODS, JAMES R.	
STREET ADDRESS	17003 WINNERS CIR	
CITY-ST-ZIP	ODESSA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WOODS, ROBERT G.	
STREET ADDRESS	7804 COLLEY ROAD	
CITY-ST-ZIP	ODESSA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Woods, James H	
STREET ADDRESS	5115 W. Knox Street	
CITY-ST-ZIP	Tampa, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Woods, Robert G.	
STREET ADDRESS	3812 W. Angeles	
CITY-ST-ZIP	Tampa FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Timothy H. Woods
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00 (813) 886-5044
 Date Daytime Phone #