

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90042 030 \*\*\*150.00

0435494

**DOCUMENT # G61367**  
**1. Entity Name**  
**METROPOLITAN GLASS SYSTEMS, INC.**

|   |  |
|---|--|
| <b>Principal Place of Business</b><br>5115 W. KNOX STREET<br>TAMPA FL 33634<br>US | <b>Mailing Address</b><br>5115 W KNOX ST<br>TAMPA FL 33634<br>US |
|---|--|

|   |                      |   |                      |
|---|----------------------|---|----------------------|
| <b>2. Principal Place of Business</b><br>9506 Trask St. N.<br>Suite, Apt. #, etc.<br>Bldg. B<br>City & State<br>Tampa, Fl<br>Zip<br>33624 | <b>Country</b><br>US | <b>3. Mailing Address</b><br>9506 Trask St. N.<br>Suite, Apt. #, etc.<br>Bldg. B<br>City & State<br>Tampa, Fl<br>Zip<br>33624 | <b>Country</b><br>US |
|---|----------------------|---|----------------------|



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| <b>4. FEI Number</b><br>59-2338916  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                         |
| <b>6. Name and Address of Current Registered Agent</b><br>WOODS, TIMOTHY H.<br>3637 BERGER RD<br>LUTZ FL 33549                          |   |
| <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>WOODS, JAMES H<br>5115 W. KNOX ST.<br>TAMPA FL <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WOODS, TIMOTHY H.<br>3637 BERGER RD<br>LUTZ FL <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>WOODS, JAMES R.<br>17003 WINNERS CIR<br>ODESSA FL <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>WOODS, ROBERT G.<br>3812 W. ANGELES<br>TAMPA FL <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | C<br>WOODS, JAMES H<br>3637 BERGER ROAD<br>LUTZ, FL 33548 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | ST<br>WOODS, ROBERT G<br>4223 FAIRWAY CIRCLE<br>TAMPA, FL 33624 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

**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:** **3/26/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)