

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-03-2002 90042 030 ***150.00

DOCUMENT # G61367

1. Entity Name

METROPOLITAN GLASS SYSTEMS, INC.

Principal Place of Business

**5115 W. KNOX STREET
TAMPA FL 33634
US**

Mailing Address

**5115 W KNOX ST
TAMPA FL 33634
US**

2. Principal Place of Business

9506 Trask St. N.

Suite, Apt. #, etc.

Bldg. B

City & State

Tampa, Fl

Zip

33624

Country

US

3. Mailing Address

9506 Trask St. N.

Suite, Apt. #, etc.

Bldg. B

City & State

Tampa, Fl

Zip

33624

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2338916

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODS, TIMOTHY H.

3637 BERGER RD

LUTZ FL 33549

7. Name and Address of New Registered Agent

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, 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 **C** ☐ Delete
NAME **WOODS, JAMES H**
STREET ADDRESS **5115 W. KNOX ST.**
CITY-ST-ZIP **TAMPA FL**

TITLE **PD** ☐ Delete
NAME **WOODS, TIMOTHY H.**
STREET ADDRESS **3637 BERGER RD**
CITY-ST-ZIP **LUTZ FL**

TITLE **VP** ☐ Delete
NAME **WOODS, JAMES R.**
STREET ADDRESS **17003 WINNERS CIR**
CITY-ST-ZIP **ODESSA FL**

TITLE **ST** ☐ Delete
NAME **WOODS, ROBERT G.**
STREET ADDRESS **3812 W. ANGELES**
CITY-ST-ZIP **TAMPA FL**

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 **C** ☒ Change ☐ Addition
NAME **WOODS, JAMES H**
STREET ADDRESS **3637 BERGER ROAD**
CITY-ST-ZIP **LUTZ, FL 33548**

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

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

TITLE **ST** ☒ Change ☐ Addition
NAME **WOODS, ROBERT G**
STREET ADDRESS **4223 FAIRWAY CIRCLE**
CITY-ST-ZIP **TAMPA, FL 33624**

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)