

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G61367

FILED  
Apr 25, 2003  
Secretary of State

Entity Name: METROPOLITAN GLASS SYSTEMS, INC.

**Current Principal Place of Business:**

9506 TRASK ST N  
BLDG B  
TAMPA, FL 33624 US

**New Principal Place of Business:**

**Current Mailing Address:**

9506 TRASK ST N  
BLDG B  
TAMPA, FL 33624 US

**New Mailing Address:**

FEI Number: 59-2338916      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOODS, TIMOTHY H.  
3637 BERGER RD  
LUTZ, FL 33549

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: WOODS, JAMES H.  
Address: 3637 BERGER RD  
City-St-Zip: LUTZ, FL 33548

Title: PD ( ) Delete  
Name: WOODS, TIMOTHY H.,  
Address: 3637 BERGER RD  
City-St-Zip: LUTZ, FL

Title: VP ( ) Delete  
Name: WOODS, JAMES R.,  
Address: 17003 WINNERS CIR  
City-St-Zip: ODESSA, FL

Title: ST ( ) Delete  
Name: WOODS, ROBERT G.,  
Address: 4223 FAIRWAY CIRCLE  
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: WOODS, JAMES R.,  
Address: 17003 WINNERS CIR  
City-St-Zip: ODESSA, FL 33556

Title: ST (X) Change ( ) Addition  
Name: WOODS, JAMES R.,  
Address: 17003 WINNERS CIR  
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY H. WOODS

PD

04/25/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date