

05-05-2003 91880 049 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000019488</b>			
1. Entity Name <b>METRO STEEL &amp; PIPE SUPPLY, INC.</b>			
Principal Place of Business <b>932 WEST MAIN ST. LEESBURG, FL 34748</b>		Mailing Address <b>932 WEST MAIN ST. LEESBURG, FL 34748</b>	
2. Principal Place of Business <b>932 EAST MAIN ST</b>		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State <b>LEESBURG - FL</b>		City & State	
Zip <b>34748</b>		Country	
Country <b>LAKE</b>		Country	
4. FEI Number <b>01-0715554</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SHEPHERD, BRYAN W 932 WEST MAIN ST. LEESBURG, FL 34748</b>		7. Name and Address of New Registered Agent Name <b>SHEPHERD, BRYAN W</b> Street Address (P.O. Box Number is Not Acceptable) <b>932 EAST MAIN ST.</b> City <b>LEESBURG</b> <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
<small>Signature must be of legal name of registered agent and file a application (NOTE: Registered Agent signature required when amending)</small>		<small>DATE</small>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>SHEPHERD, BRYAN W 932 WEST MAIN ST. LEESBURG, FL 34748</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BRYAN W SHEPHERD 932 EAST MAIN ST. LEESBURG, FL 34748</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other fees empowered.			
SIGNATURE:		DATE	
<small>Signature and typed or printed name of signing officer or director</small>		<small>DATE</small>	

90128951



CHECK HERE IF MAKING CHANGES

CR20034 (1/0/02)