

**2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P94000013684**

1. Entity Name

**METRO PROPERTY MANAGEMENT SERVICES, INC.****FILED****May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90255 022 \*\*\*150.00

Principal Place of Business	Mailing Address
723 ALLISON AVENUE DAVENPORT FL 33837 US	723 ALLISON AVENUE DAVENPORT FL 33837-5411 US

AUG00JJJJ



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17445 US HWY 192	17445 US HWY 192
Suite, Apt. #, etc. SUMMER BAY SUITE 3	Suite, Apt. #, etc. SUMMER BAY SUITE 3
City & State CLERMONT, FLORIDA	City & State CLERMONT, FLORIDA
Zip 34711	Zip 34711
Country US	Country US

4. FEI Number	59-3225613	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOVONI, BRIAN R 141 5TH STREET, NW SUITE 100 WINTER HAVEN FL 33881	Name GOVONI, BRIAN R. Street Address (P.O. Box Number is Not Acceptable) 505 AVENUE A, NW, SUITE 102 City WINTER HAVEN FL Zip Code 33881-4626

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	<i>Brian R Govoni</i>	DATE	4/24/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAWSON, KEVIN 723 ALLISON AVENUE DAVENPORT FL 33837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAWSON, KEVIN 17445 US HWY 192 SUMMER BAY, SUITE 3 CLERMONT, FL 34711 <input checked="" 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
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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

CR2E034 (9/99)

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: <i>[Signature]</i>	5-1-00	352-243-2853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #