

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000013684**1. Entity Name  
METRO PROPERTY MANAGEMENT SERVICES, INC.

## Principal Place of Business

17445 US HWY. 192  
SUMMER BAY SUITE 3  
CLERMONT  
34711  
US

FL

## Mailing Address

17445 US HWY. 192  
SUMMER BAY SUITE 3  
CLERMONT  
34711  
US

FL

## 2. Principal Place of Business

17445 US HWY. 192

## 3. Mailing Address

17445 US HWY. 192

Suite, Apt. #, etc.  
SUMMER BAY SUITE 3Suite, Apt. #, etc.  
SUMMER BAY SUITE 3

## City &amp; State

CLERMONT FL

## City &amp; State

CLERMONT FL

Zip  
34771Country  
USZip  
34771Country  
US

## 4. FEI Number

59-3225613

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

GOVONI BRIAN R  
505 AVENUE A. NW SUITE 102WINTER HAVEN  
33881  
US

FL

## 7. Name and Address of New Registered Agent

## Name

DAWSON KEVIN

Street Address (P.O. Box Number is Not Acceptable)  
17445 US HWY 192

SUMMER BAY, SUITE 3

City  
CLERMONT

FL

Zip Code  
34771

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 **KEVIN DAWSON**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/30/2001

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, 2001 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 DP ☐ Delete  
NAME DAWSON KEVIN  
STREET ADDRESS 17445 US HWY 192 SUMMER BAY SUITE 3  
CITY-ST-ZIP CLERMONT FL 34711TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition  
NAME DAWSON KEVIN  
STREET ADDRESS 17445 US HWY 192 SUMMER BAY SUITE 3  
CITY-ST-ZIP CLERMONT FL 34771TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: **Kevin Dawson**

Dir

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)