

2000 UNIFORM BUSINESS REPORT (UBR)

7/21

FILED
Aug 21, 2000 8:00 am
Secretary of State

07-20-2000 90016 026 ***150.00
 08-21-2000 90204 002 ***400.00

DOCUMENT # P94000044587

1. Entity Name
METROPOLIS DEVELOPERS, INC.

Principal Place of Business 3502 HENDERSON BLVD #300 TAMPA FL 33609 US	Mailing Address 3502 HENDERSON BLVD #300 TAMPA FL 33609-3947 US
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2. Principal Place of Business 110 S. HOOPER BLVD.	3. Mailing Address 110 S. HOOPER BLVD.
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Suite, Apt. #, etc. 200	Suite, Apt. #, etc. 200
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City & State TAMPA, FL	City & State TAMPA, FL
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Zip FL 33609	Country USA	Zip 33609	Country
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4. FBI Number **59-3252288** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, FORD B
4905 SAN NICHOLAS CT
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number Is Not Acceptable)
110 S. HOOPER BLVD.
200
 City **TAMPA** FL Zip Code **33605**

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 *Ford B. Smith* **FORD B. SMITH PRESIDENT** 6/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reappointing) 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, 2000 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 D	<input type="checkbox"/> Delete
NAME SMITH, FORD B	
STREET ADDRESS 4905 SAN NICHOLAS CT 5009 SAN MIGUEL ST.	
CITY-ST-ZIP TAMPA FL	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME GARCIA SMITH, MARIA E	
STREET ADDRESS 4905 SAN NICHOLAS ST	
CITY-ST-ZIP TAMPA FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *Ford B. Smith* **FORD B. SMITH PRESIDENT** 6/20/00 813 287 6400
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)