

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013702

1. Entity Name

METRO BUILDING SERVICES, INC.

Principal Place of Business

2915 SUN COVE  
KISSIMMEE FL 34746

Mailing Address

2915 SUN COVE  
KISSIMMEE FL 34746

2. Principal Place of Business

2915 SUN COVE

Suite, Apt. #, etc.

Kissimmee, FL

City & State

Zip

34746

Country

USA

3. Mailing Address

Same

Suite, Apt. #, etc.

Same

City & State

Zip

34746

Country

USA

6. Name and Address of Current Registered Agent

SMITH, SHEILA A  
2915 SUN COVE  
KISSIMMEE FL 34746

4. FFL Number

59-3577267

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME SMITH, SHEILA A  
STREET ADDRESS 2915 SUN COVE  
CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Delete

TITLE D  
NAME ABRAMS, JAMES A  
STREET ADDRESS 2915 SUN COVE  
CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

SHEILA A SMITH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Sep 13, 2000 8:00 am  
Secretary of State

09-13-2000 90022 048 \*\*\*550.00

ACU77553



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)