FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # 486895** 1. Entity Name MATULAY'S CONTRACTORS SUPPLY & EQUIPMENT, INC. 04-16-2001 90003 019 ***150.00 Principal Place of Business Mailing Address 2010 SEWARD AVENUE 2010 SEWARD AVENUE NAPLES FL 34109 NAPLES FL 34109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1634231 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MATULAY: BRUCE ==== 589 100TH AVENUE NORTH NAPLES FL 34108 8. The above named entity submits this statement for the purpose of changing its registered office or regulared agent, or both, in the State of Florida. egistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE ☐ Delete MATULAY, EDWARD NAME NAME STREET ADDRESS 8048 VERA CRUZ WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 VP - TREASURE AUDREYL MATULAY TITLE Delete TITLE MINCIELL, AUDREY C NAME NAME STREET ADDRESS **453 CONNERS AVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 💢 Delete Change ☐ Addition TITLE TITLE NAME MATULAY, BRUCE C NAME STREET ADDRESS 589-100TH-AVENUE-NORTH STREET ADORESS CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CiTY-ST-7/P CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.