

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 854237

1. Entity Name
MATRIX* SALES & MARKETING INCORPORATED

Principal Place of Business
111 E CENTRAL AVE
SUITE 111
HOWEY IN THE HILLS FL 34737
US

Mailing Address
P O BOX 236
YALAH FL 34797
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1953165

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURNS, ROBERT J.
8215 OAK ST.
BOX 236
YALAH FL 34797

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 12, 2001 Fee 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	PS	☐ Delete
NAME	BURNS, ROBERT J.	
STREET ADDRESS	8215 OAK ST.	
CITY-ST-ZIP	YALAH FL	
TITLE	T	☐ Delete
NAME	HAMMOND, DONNA L.	
STREET ADDRESS	RTE 1, BOX 230	
CITY-ST-ZIP	ALACHUA FL	
TITLE	AS	☐ Delete
NAME	EDINGTON, LORRAINE E.	
STREET ADDRESS	8215 OAK ST.	
CITY-ST-ZIP	YALAH FL	
TITLE	AVP	☐ Delete
NAME	WALTON, GALE L	
STREET ADDRESS	27845 LOIS DR.	
CITY-ST-ZIP	TAVARES FL	
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	000004610090--S	
STREET ADDRESS	-09/25/01--01043--006	
CITY-ST-ZIP	****150.00 ****150.00	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

pg 1 of 2
AT

FILED

01 SEP 18 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)



pg 2ed 2

September 10, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

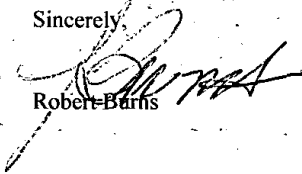
Re: Document #854237

Dear Sir:

Enclosed please find our annual Uniform Business Report that was due on May 1, 2001. We have just realized that our office manager has been embezzling from our company. Another problem we have discovered is that various bills were not getting paid and were being thrown away. We think this is what happened to our first Uniform Business Report. She had informed us that all reports were being filed on a timely basis. We have found that our Forms 941 and UCT-6's had not been filed either.

We request that you waive the \$400.00 penalty as we believed the Uniform Business Report had been filed and paid on time. I have spoken with a representative from your office and he said we should send a request to have this penalty waived. Thank you very much for your help in this matter.

Sincerely,


Robert Burns

Owner

(800) 628-3162
Telephone: (904) 324-2706 • Fax: (904) 324-3335
Post Office Box 236 • Yalaha, Florida 34797-0236