

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90574 008 ***150.00

0577289
 AT

DOCUMENT # F95000000599

1. Entity Name
MATSON LUMBER COMPANY

Principal Place of Business

**24 DOCKSIDE LANE
 PMB 489
 KEY LARGO FL 33037-5273**

Mailing Address

**C/O SCHNEIDER DOWNS & CO. INC
 1133 PENN AVE.
 PITTSBURGH PA 15222-4205**

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

25-1431028

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

**MATSON, ROBERT D
 24 DOCKSIDE LANE
 KEY LARGO FL 33037-5273**

Name
Matson, Robert D.
 Street Address (P.O. Box Number is Not Acceptable)
PMB489
24 Dockside Lane
 City
Key Largo **FL** Zip Code
33037-5273

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 \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
CD
 NAME **MATSON, ROBERT D**
 STREET ADDRESS **100 ANCHOR DR.**
 CITY-ST-ZIP **KEY LARGO FL 33037-5273**

TITLE Change Addition
CD
 NAME **Matson, Robert D.**
 STREET ADDRESS **PMB489, 24 Dockside Lane**
 CITY-ST-ZIP **Key Largo, FL 33037-5273**

TITLE Delete
PD
 NAME **MATSON, BECKY JO**
 STREET ADDRESS **132 MAIN ST.**
 CITY-ST-ZIP **BROOKVILLE PA 15825**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
ST
 NAME **DOMENICK, LEONARD**
 STREET ADDRESS **132 MAIN ST.**
 CITY-ST-ZIP **BROOKVILLE PA 15825**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
VD
 NAME **CONTI, BARBARA A**
 STREET ADDRESS **132 MAIN ST**
 CITY-ST-ZIP **BROOKVILLE PA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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:

Robert D. Matson *Becky J. Matson* *2/12/12*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)