

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90052 007 \*\*\*150.00

DOCUMENT # J97783

1. Entity Name  
**MATONIS & ASSOCIATES, INC.**

Principal Place of Business  
*Joan B. Matonis*  
**C/O MATONIS**  
**9551 EDGEWATER DRIVE 2525 Greenacre Rd**  
**ORLANDO FL 32804-2921**  
*Apopka FL*

Mailing Address  
*Joan B*  
**C/O MATONIS**  
**9551 EDGEWATER DRIVE**  
**ORLANDO FL 32804-2921**

001140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2525 Greenacre Rd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5594 N. Orange Blossom Tr**  
 Suite, Apt. #, etc.  
**196**

City & State  
**Apopka FL 32703**

City & State  
**Orlando FL**

4. FEI Number **59-2858663**

Applied For  
 Not Applicable

Zip **32703** Country **Orange**

Zip **32810** Country **Orange**

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

**MATONIS, J B**  
**3551 EDGEWATER DR**  
**ORLANDO FL 32804**

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 *Joan B. Matonis*

4/19/01  
 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DPVS <input type="checkbox"/> Delete MATONIS, JOAN B. <del>3551 EDGEWATER DR.</del> <b>2525 Greenacre Rd</b> <del>ORLANDO FL</del> <b>Apopka FL 32703</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joan B. Matonis* **JOAN B. MATONIS** 4/19/01 407 285-7610  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)