

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90180 029 ***550.00

DOCUMENT # J97783

1. Entity Name
MATONIS & ASSOCIATES, INC.

Principal Place of Business

JOAN B. MATONIS
2525 GREENACRE RD
APOPKA FL 32703

Mailing Address

C/O JOAN B. MATONIS
5594 N. ORANGE BLOSSOM TR 196
ORLANDO FL 32810



2. Principal Place of Business

3. Mailing Address
5764 N. Orange Blossom Trail
 Suite, Apt. #, etc.
#196

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2858663**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

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: **Joan B. Matonis**
 Street Address (P.O. Box Number is Not Acceptable)
5764 N. Orange Blossom Trail
 City **Apopka** **FL** Zip Code **32703**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joan B. Matonis*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/6/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DPVS			
	MATONIS, JOAN B.	2525 GREENACRE RD	APOPKA FL 32703	

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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/02 407 8890333

CR2E034 (4/02)