

FROM : JIM MIGGINS

FAX NO. : 863-699-6559

05-10-2002 90055 U34 150.00  
FILED L79643

# 2002 UNIFORM BUSINESS REPORT (UBR)

02 JUN 17 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L-79643

1. Entity Name

Charles S. Matthews Insurance Agency, Inc.

Principal Place of Business

3290 LeJeune Road  
Coral Gables, FL 33134

Mailing Address

3290 LeJeune Rd.  
Coral Gables, FL 33134

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

65-0197538

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Matthews, Charles S.  
3290 LeJeune Road  
Coral Gables, FL 33134

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

*Charles S. Matthews* President

4/27/02

Signature required on initial business report, and not applicable

(NOTE: Registered Agent signature required when transferring)

DATE

9. This corporation is eligible to satisfy its intangible tax (and requirements and effects 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	Matthews, Charles S.	3290 LeJeune Road	Coral Gables, FL 33134-7103	<input type="checkbox"/>
VP	Charles S. Matthews, Jr.	3567 Ivanhoe Ave	Boynton Bch., FL	<input type="checkbox"/>
T	Bruce J. Matthews	6844 SW 66th Ave	Miami, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addit
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included 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 on Block 11 or Block 12 if changed, or on an attachment with an address, with all other like information.

*Charles S. Matthews, Pres*