

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001143

1. Entity Name
MATTEAU, L.L.C.

FILED

00 JAN 18 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2286 BRUNER LANE
FT. MYERS FL 33912

Mailing Address

2286 BRUNER LANE
FT. MYERS FL 33912-1907

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 65-0807773

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MATTEAU, ROGER
2286 BRUNER LANE
FT. MYERS FL 33912

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME MATTEAU, ROGER
STREET ADDRESS 2286 BRUNER LANE
CITY-ST-ZIP FT. MYERS FL 33912 ☐ Delete

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME MATTEAU, IRENE
STREET ADDRESS 2286 BRUNER LANE
CITY-ST-ZIP FT. MYERS FL 33912 ☐ Delete

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE: ✓

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-13-2000 941 433 2449

Date

Daytime Phone #