

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90093 049 ***150.00

UNIFORM BUSINESS REPORT

DOCUMENT # P01000024462

1. Entity Name
MATROSIETY, INC.



Principal Place of Business
~~2292 WEDNESDAY ST.~~
~~STE 2~~
~~TALLAHASSEE FL 32308~~

Mailing Address
~~2292 WEDNESDAY ST.~~
~~STE 2~~
~~TALLAHASSEE FL 32308~~



2. Principal Place of Business
6997 HANGING VINE WAY
Suite, Apt. #, etc.

3. Mailing Address
6997 HANGING VINE WAY
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
TALLAHASSEE FL

City & State
TALLAHASSEE FL

Zip
32317

Country
LEON

Zip
32317

Country
LEON

4. FEI Number **59-3709287**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NORRIS, CARRIE E
2292 WEDNESDAY ST. STE 2
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name
FORESMAN BILL

Street Address (P.O. Box Number is Not Acceptable)
6997 HANGING VINE WAY

City **TALLAHASSEE FL** Zip Code **32317**

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 Bill Foresman DATE **3.31.03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State



9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME FORESMAN, BILL	
STREET ADDRESS 2292 WEDNESDAY ST. STE 2	
CITY-ST-ZIP TALLAHASSEE FL 32308	
TITLE ST	<input checked="" type="checkbox"/> Delete
NAME NORRIS, CARRIE E	
STREET ADDRESS 2292 WEDNESDAY ST. STE 2	
CITY-ST-ZIP TALLAHASSEE FL 32308	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 6997 HANGING VINE WAY	
CITY-ST-ZIP TALLAHASSEE FL 32317	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bill Foresman **SIGNATURE REQUIRED** DATE **3.31.03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/02)