

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000002830**1. Entity Name
MATCO SERVICES, INC.**FILED****Apr 23, 2001 8:00 am**
Secretary of State

04-23-2001 90038 033 ***150.00

Principal Place of Business
2828 COUNTRY CLUB DRIVE
LYNN HAVEN FL 32444Mailing Address
2828 COUNTRY CLUB DRIVE
LYNN HAVEN FL 324442. Principal Place of Business
2402 COUNTRY CLUB DRIVE
Suite, Apt. #, etc.3. Mailing Address
2402 COUNTRY CLUB DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LYNN HAVEN FLCity & State
LYNN HAVEN FL4. FEI Number **59-3428518**Applied For
Not ApplicableZip
32444
Country
USAZip
32444
Country
USA5. 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****MARSHALL, JOHN M**
2828 COUNTRY CLUB DRIVE
LYNN HAVEN FL 32444Name
MARSHALL, JOHN M
Street Address (P.O. Box Number is Not Acceptable)
2402 COUNTRY CLUB DRIVECity **LYNN HAVEN** **FL** Zip Code
32444

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.

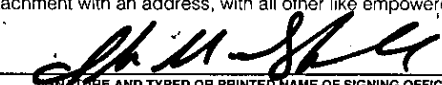
SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State10. 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 **P** ☐ Delete
NAME **MARSHALL, JOHN M**
STREET ADDRESS **2828 COUNTRY CLUB DR**
CITY-ST-ZIP **LYNN HAVEN FL 32444**TITLE **P** ☒ Change ☐ Addition
NAME **MARSHALL, JOHN M**
STREET ADDRESS **2402 COUNTRY CLUB DRIVE**
CITY-ST-ZIP **LYNN HAVEN FL 32444**TITLE **V** ☐ Delete
NAME **MARSHALL, AMY R**
STREET ADDRESS **2828 COUNTRY CLUB DR**
CITY-ST-ZIP **LYNN HAVEN FL 32444**TITLE **V** ☒ Change ☐ Addition
NAME **MARSHALL, AMY F**
STREET ADDRESS **2402 COUNTRY CLUB DRIVE**
CITY-ST-ZIP **LYNN HAVEN FL 32444**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (10/00)