

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # AMENDED REPORT \$61.25 Filing Fee
1. Entity Name 997000002830
MATTCO SERVICES, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION

01 OCT 17 PM 5:04

Principal Place of Business **Mailing Address**
 2402 COUNTRY CLUB DRIVE
 LYNN HAVEN, FL 32444

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3428518 **Applied For**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
 Not Applicable

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code
 JOHN MATTHEW MARSHALL
 2402 COUNTRY CLUB DRIVE
 LYNN HAVEN, FL 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 *John M. Marshall* **10/16/01**
 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. ☐ **10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**
 (See criteria on back)

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,V,S,T JOHN MATTHEW MARSHALL 2402 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004654510--9 -10/26/01--01023--029 *****61.25 *****61.25 ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: *John M. Marshall* **10/16/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)