

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084693

1. Entity Name  
**MARCI & MATTHEW, INC.**

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90033 021 \*\*\*150.00

Principal Place of Business  
785 WESTFIELD COURT  
DUNEDIN FL 34698

Mailing Address  
785 WESTFIELD COURT  
DUNEDIN FL 34698-7441

2. Principal Place of Business  
1111 Court St.  
Suite, Apt. #, etc.

3. Mailing Address  
1111 Court St.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Clearwater, FL. Clearwater, FL. 59-3603460 Not Applicable

Zip 33756 Country Pinellas Zip 33756 Country Pinellas 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SPERBER, MATTHEW W  
785 WESTFIELD COURT  
DUNEDIN FL 34698

7. Name and Address of New Registered Agent  
Name Matthew W. Sperber  
Street Address (P.O. Box Number is Not Acceptable)  
1111 Court St.  
City Clearwater FL Zip Code 33756

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 *Matthew W. Sperber* President DATE 4/19/00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	P Matthew W. Sperber 1111 Court St. Clearwater, FL. 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Matthew W. Sperber 1111 Court St Clearwater, FL. 33756 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Marcia H. Sperber 1111 Court St. Clearwater, FL. 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Marcia H. Sperber 1111 Court St. Clearwater, FL. 33756 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Matthew W. Sperber* DATE 4/19/00 DAYTIME PHONE # 727-447-0926  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)