

**FOR PROFIT CORPORATION
UNIFORM-BUSINESS-REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90238 045 ***158.75

DOCUMENT # P99000093608

1. Entity Name

MATREX CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

413 SW 4th Ave

Suite, Apt. #, etc.

3. Mailing Address

413 SW 4th Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

59-3606762

Applied For

Not Applicable

Zip

32601

Country

USA

Zip

32601

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Olivia L. Crawford

Street Address (P.O. Box Number is Not Acceptable)

3641 West Hwy 316

City

Reddick

FL

Zip Code
32686

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Crawford, Olivia L. 3641 West Hwy 316 Reddick, FL 32686	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Crawford, Allen E 3641 West Hwy 316 Reddick, FL 32686	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Olivia L. Crawford

Olivia L. Crawford

04/24/02

352-378-6568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)