FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90507 016 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093608

1. Entity Name
MATREX CORPORATION

90099920

Principal Place of Business	Mailing Address
413 SW 4TH AVE GAINESVILLE, FL 32601	413 SW 4TH AVE GAINESVILLE, FL 32601

2. Principal Place of Business	3. Mailing Address
901 NW 8th Avenue	P.O. Box 1174
Suite, Apt. #, etc. D-1	Suite, Apt. #, etc.
City & State Gainesville, FL	City & State Gainesville, FL
Zip 32601 Country U.S.A.	Zip 32602 Country U.S.A

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3606762 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, OLIVIA L
3641 W. HWY. 316
REDDICK, FL 32686

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 ______
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	D	☐ Delete
NAME	CRAWFORD, OLIVIA L	
STREET ADDRESS	3641 W. HWY. 316	
CITY-ST-ZIP	REDDICK, FL 32686	
TITLE	D	☐ Delete
NAME	CRAWFORD, ALLEN E	
STREET ADDRESS	3641 WEST HWY 316	
CITY-ST-ZIP	REDDICK, FL 32686	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: Olivia L. Crawford 3/08/03 352-378-6568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #