

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90015 046 ***150.00

0039061

DOCUMENT # 255867

1. Entity Name
MATHEWS CONSTRUCTION OF TAMPA, INC.

Principal Place of Business 1604 N. MARION ST. TAMPA FL 33602 US	Mailing Address 1604 N. MARION ST TAMPA FL 33602 US
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DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-0967052	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
OELLERICH, DAVID E. 1604 N. MARION ST. TAMPA FL 33602			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.

SIGNATURE _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
T EIFLER, PATRICIA 1724 TALLOWTREE CR. VALRICO FL 33594	<input type="checkbox"/> Delete		George T. Goodspeed 2145 Harbor View Drive Dunedin FL 34698 Asst Sec'y	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P OELLERICH, DAVID E 448 LUCERNE AVENUE TAMPA FL 33606	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D OELLERICH, HERMAN J 103 MARTINIQUE AVENUE TAMPA FL 33606	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D OELLERICH, MARY ELLEN 448 LUCERNE AVENUE TAMPA FL 33606	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
EVP MAHONEY, MICHAEL 750 ALDA WAY ST. PETERSBURG FL 33704	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete			<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: *Patricia Eifler* Patricia Eifler 1-4-2001 (813) 221-6659
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)