

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90089 039 ***150.00

DOCUMENT # 269215

1. Entity Name
MATSCHÉ CO.



Principal Place of Business

~~2025 W OLD HWY 441~~
MT. DORA FL 32757
US

Mailing Address

21405 WOLF BRANCH RD
MOUNT DORA FL 32757
US

2. Principal Place of Business

21405 WOLF BRANCH RD

3. Mailing Address

4029 ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MT. DORA, FL

City & State

JACKSONVILLE FL

Zip

32757

Country

Zip

32207

Country

4. FEI Number

59-0995863

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

PATRICK, MARK R.

~~4040 WOODCOCK DRIVE~~

~~SUITE 230~~

JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

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

4029 ATLANTIC BLVD.

City

JACKSONVILLE

FL

Zip Code

32207

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 PD
NAME MATSCHE, JOHN J
STREET ADDRESS 21405 WOLF BRANCH RD
CITY-ST-ZIP MOUNT DORA FL 32757 ☐ Delete

TITLE V
NAME MATSCHE, BETTY K
STREET ADDRESS 21405 WOLF BRANCH RD
CITY-ST-ZIP MOUNT DORA FL 32757 ☐ Delete

TITLE ST
NAME MORDINI, EDITH
STREET ADDRESS 202 ORCHID WAY
CITY-ST-ZIP HOWEY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 attached address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Matsche 2/4/03

352-383-6121

Date

Daytime Phone #

CR2E034 (10/02)