

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90120 037 ***150.00

DOCUMENT # 300808

1. Entity Name
MAT-MAR INC



Principal Place of Business
**5155 IMPERIAL DR
NEW PORT RICHEY FL 34652
US**

Mailing Address
**5155 IMPERIAL DR
NEW PORT RICHEY FL 34652
US**



2. Principal Place of Business
12309 Hounds Tooth Ln.

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State
HUDSON, FL

City & State

Zip
34667

Country
PASCO

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1165284**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NEIL, MARION M
~~**5155 IMPERIAL DR**~~
~~**NEW PORT RICHEY FL 34652**~~

**12309 Hounds Tooth Ln,
Hudson, FL. 34667**

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 _____ (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	PDS	<input type="checkbox"/> Delete
NAME	NEIL, MARION M	
STREET ADDRESS	5155 IMPERIAL DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	NEIL, DARRYL	
STREET ADDRESS	5155 IMPERIAL DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Marion M. Neil* **MARION M. NEIL** **3/6-03** **(727) 863-1187**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)