


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90052 027 ***158.75

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DOCUMENT # 319392	
1. Entity Name BILL MATTHEW COMPANY	

Principal Place of Business 129 BUENA VISTA DR S DUNEDIN FL 34698-3305	Mailing Address 129 BUENA VISTA DR S DUNEDIN FL 34698-3305
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1206450		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MATTHEW, WILLIAM L 129 BUENA VISTA DR S DUNEDIN FL 34698		Name G. MICHAEL MACKENZIE, JR. Street Address (P.O. Box Number is Not Applicable) 1027 Broadway Blvd, Suite A Dunedin, FL 34698 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 *G. Michael Mackenzie* **G. Michael Mackenzie** **4/9/2003**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD STORY, CLEMENT 15 WEST MAIN STREET LAFAYETTE LA 70501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VICE Pres/DIR. CLEMENT STORY III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD MATTHEW, TIMOTHY O 13714 WALBROOKE DR TAMPA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT/TREASURER LUTHER STINNETT 72 MOSSWOOD LN BRISTOL, VA 24201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD MATTHEW, WILLIAM L 129 BUENA VISTA DRIVE DUNEDIN FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP SECRETARY G. MICHAEL MACKENZIE 1027 BROADWAY SUITE A DUNEDIN, FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *Luther C. Stinnett* **LUTHER C. STINNETT** **4-9-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (10/02)