

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90001 042 \*\*\*150.00

**DOCUMENT # 356375**

1. Entity Name

**MATHENY IMPORTS, INC.**

Principal Place of Business

Mailing Address

10277 ATLANTIC BLVD  
 JACKSONVILLE FL 32225

10277 ATLANTIC BLVD  
 JACKSONVILLE FLA 32225-6602

00017009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11211 Atlantic Blvd Jax FL 32225

3. Mailing Address

11211 Atlantic Blvd Jax FL 32225

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1278015**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATHENY, RAYMOND A.**  
**10277 ATLANTIC BLVD.**  
**JACKSONVILLE FL 32225**

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

Signature, typed or printed name of registered agent and title if applicable

(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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERROW, JULIA A	NAME	
STREET ADDRESS	10277 ATLANTIC BLVD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	CPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHENY, RAYMOND A.	NAME	
STREET ADDRESS	10277 ATLANTIC BLVD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, KATHY-M.	NAME	
STREET ADDRESS	10277 ATLANTIC BLVD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHENY, MARCEE C	NAME	
STREET ADDRESS	10277 ATLANTIC BLVD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHENY, SARA H	NAME	
STREET ADDRESS	10277 ATLANTIC BLVD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, WILLIAM R	NAME	
STREET ADDRESS	10277 ATLANTIC BLVD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	CITY-ST-ZIP	

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 another I am empowered.

**SIGNATURE:** *Raymond A Matheny* **2.7.00** **904.642.1500**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #