

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 381617 ✓

1. Entity Name **CODE, INC.**

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90067 045 ***150.00

Principal Place of Business Mailing Address

2. Principal Place of Business
6758 N. MILITARY TR.

3. Mailing Address

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

City & State
WPB FL

City & State

Zip
33407

Country

Zip

Country

4. FEI Number
59-1373879

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTSON, DOUGLAS K.
127 CYPRESS PT. DR.
PALM BEACH GARDENS, FL. 33418

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

TITLE **P/D**
NAME **DOUGLAS K. MATTSON, SR.** ☐ Delete
STREET ADDRESS **127 CYPRESS PT. DR.**
CITY-ST-ZIP **P.B. GARDENS FL. 33418**

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

TITLE **V P/D**
NAME **DOUGLAS K. MATTSON, JR.** ☐ Delete
STREET ADDRESS **3578 LAKEVIEW DR.**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE **V P/D**
NAME **ERIC J. MATTSON** ☐ Delete
STREET ADDRESS **432 N W 46 ST**
CITY-ST-ZIP **FT. LAUDERDALE FL. 33309**

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

TITLE **S T/D**
NAME **MARK E. MATTSON** ☐ Delete
STREET ADDRESS **677 LAUREL LAKE CT. # 106**
CITY-ST-ZIP **ORLANDO, FL 32826**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/00

Date

Daytime Phone #

CR2E034 (9/99)