

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
 05-23-2001 90227 047 ***150.00

DOCUMENT #

1. Entity Name

CODE, INC.

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

6. Name and Address of Current Registered Agent

DOUGLAS K. MATTSO
 10902 EGRET POINTE LN
 WPB, FL. 33412

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.

SIGNATURE

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

(NOT: 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, 2001 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

TITLE P/D
 NAME DOUGLAS K. MATTSO SR
 STREET ADDRESS 10902 EGRET POINTE LN.
 CITY-ST-ZIP WPB, FL. 33412 ☐ Delete

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

CR2E034 (11/00)

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 the 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]

DOUGLAS K. MATTSO

5-8-01

840-6590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #