2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 381617

1. Entity Name
CODE, INC.

✓

O I U U U U

Principal Place of Business	Mailing Address
6758 N. MILITARY TRAIL	6758 N. MILITARY TRAIL
SUITE 301	SUITE 301
WEST PALM BEACH FL 33407	WEST PALM BEACH FL 33407
US	US

2. Principal Place of Business
3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 59-1373879

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

MATTSON, DOUGLAS K
~~10902 EGRET POINTE LANE~~   226 MURRAY CT.
~~WEST PALM BEACH FL 33412~~   JUPITER FL 33458

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 _____
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 $550.00
After September 13, 2002 Fee will be $750.00
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 **PD** NAME **MATTSON, DOUGLAS K** STREET ADDRESS **10902 EGRET POINTE LANE** CITY-ST-ZIP **WEST PALM BEACH FL 33412**	☐ Delete	TITLE **P D** NAME **MATTSON DOUGLAS K** STREET ADDRESS **226 MURRAY CT** CITY-ST-ZIP **JUPITER FL. 33458**	☑ Change ☐ Addition
TITLE **VPD** NAME **MATTSON, DOUGLAS K. J** STREET ADDRESS **3578 LAKEVIEW DR** CITY-ST-ZIP **DELRAY BEACH FL 33445**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VPD** NAME **MATTSON, ERIC J** STREET ADDRESS **432 NW 46 ST** CITY-ST-ZIP **FT. LAUDERDALE FL 33309**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **STD** NAME **MATTSON, MARK E** STREET ADDRESS **677 LAUREL LAKE CT #106** CITY-ST-ZIP **ORLANDO FL 32826**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/02)

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: _____ DOUGLAS K. MATTSON   8/17/02   (561) 840-6590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

attachment

8705533

381617

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

RECEIVED

AUG 2 6 2002

August 21, 2002

CODE, INC.
6758 N. MILITARY TRAIL
SUITE 301
WEST PALM BEACH, FL 33407 US

Subject: **CODE, INC.**

Reference Number: **381617**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $550.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

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ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314