

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90155 032 ***150.00

DOCUMENT # 381617

1. Entity Name
CODE, INC.



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

Mailing Address
**6758 N. MILITARY TRAIL
SUITE 301
WEST PALM BEACH FL 33407
US**

2. Principal Place of Business

3. Mailing Address

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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTSON, DOUGLAS K
226 MURRAY CT B276 QUAIL MEADOW WAY
JUPITER FL 33458 WPB FL 33412

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

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. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **MATTSON, DOUGLAS K**
CITY-ST-ZIP **226 MURRAY CT**
JUPITER FL 33458

TITLE ☐ Change ☐ Addition
NAME **P D**
STREET ADDRESS **MATTSON DOUGLAS K**
CITY-ST-ZIP **226 MURRAY CT**
JUPITER FL 33458

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **MATTSON, DOUGLAS K. J**
CITY-ST-ZIP **3578 LAKEVIEW DR**
DELRAY BEACH FL 33445

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

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **MATTSON, ERIC J**
CITY-ST-ZIP **432 NW 46 ST**
FT. LAUDERDALE FL 33309

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

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

TITLE ☐ Change ☐ Addition
NAME **STD**
STREET ADDRESS **MATTSON MARK E.**
CITY-ST-ZIP **3507 VINNING CT.**
KISSISSNEE, FL. 33471

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

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/03 (561) 630-0611

Date

Daytime Phone #

CR2E034 (10/02)