

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 411198

1. Entity Name

MATHER ENTERPRISES, INCORPORATED

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90120 035 ***150.00

Principal Place of Business

Mailing Address

211 BROAD STREET
MILTON FL 32570

211 BROAD STREET
MILTON FL 32570-4916

2. Principal Place of Business

3. Mailing Address

787 GREEN ST

787 GREEN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CRESTVIEW, FL

City & State

CRESTVIEW, FL

Zip

Country

Zip

Country

32539

USA

32539

USA

4. FEI Number

59-1584806

Applied For

Not Applicable

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

PETTY, ELIGIA J.

211 BROAD ST.

MILTON FL 32570

787 GREEN ST.

CRESTVIEW, FL 32539

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

Eligia J. Petty

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

(NOTE: Registered Agent signature required when reinstating)

March 30, 2000

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	<input checked="" type="checkbox"/> Delete
NAME	PETTY, ELIGIA	
STREET ADDRESS	211 BROAD STREET	
CITY-ST-ZIP	MILTON FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PETTY, RACHAEL S	
STREET ADDRESS	211 BROAD ST	
CITY-ST-ZIP	MILTON FL 32570	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President/Sec/Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTY, ELIGIA J.	
STREET ADDRESS	787 GREEN ST.	
CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE	VP RACHAEL S. PETTY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	787 GREEN ST.	
STREET ADDRESS	CRESTVIEW, FL 32539	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Eligia J. Petty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 30, 2000 (850) 689-2574

Date

Daytime Phone #

CR2E034 (9/99)