

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90402 028 ***150.00

DOCUMENT # 607147

1. Entity Name
ED MATHEWS, INC.

Principal Place of Business
**1000 US 27 NORTH
HAINES CITY FL 33844**

Mailing Address
**1000 US 27 NORTH
HAINES CITY FL 33844**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3843 W. LAKE HAMILTON DR.
Suite, Apt. #, etc.

3. Mailing Address
3843 W. LAKE HAMILTON DR.
Suite, Apt. #, etc.

City & State
WINTER HAVEN, FL
Zip
33881-8223 Country
USA

City & State
WINTER HAVEN, FL
Zip
33881-8223 Country
USA

4. FEI Number **59-1892999**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MATHEWS, EDWARD D
1000 US 27 NORTH
HAINES CITY FL 33844**

7. Name and Address of New Registered Agent

Name
EDWARD D. MATHEWS
Street Address (P.O. Box Number is Not Acceptable)

3843 W. LAKE HAMILTON DR.
City
WINTER HAVEN, FL Zip
33881-8223

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 Edward D. Mathews, **EDWARD D. MATHEWS** 4/11/02
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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
MATHEWS, EDWARD D
1000 US 27 NORTH
HAINES CITY FL 33844** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MATHEWS, CHARLES A
1000 US 27 NORTH
HAINES CITY FL 33844** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MATHEWS, DAVID A
1000 US 27 NORTH
HAINES CITY FL 33844** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3843 W. LAKE HAMILTON DR.
WINTER HAVEN, FL 33881-8223** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3843 W. LAKE HAMILTON DR.
WINTER HAVEN, FL 33881-8223** ☒ Change ☐ Addition

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CITY-ST-ZIP
**3843 W. LAKE HAMILTON DR.
WINTER HAVEN, FL 33881-8223** ☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

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 Edward D. Mathews, **EDWARD D. MATHEWS** 4/11/02 (863) 294-9336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)