2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

8812 VAN FLEET RD

RIVERVIEW FL 33569

DOCUMENT # 674953

1. Entity Name

5717 ADAMO DR.

TAMPA FL 33619

Principal Place of Business

CARL MATHEWS ENTERPRISES, INC.



FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90050 037 ***150.00

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. Principal Place of Business		g. Maning / tagroos	S. Maining Address						
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Ctato		City & State	City & State			El Number 59-2037806		plied For	
City & State		2 ,, 3 , 2 , 3						ot Applicable	
Zip	Country	Zip	Countr	у		5. Certificate of Status Desired			
	6 Name and Address of C	Current Registered Agent			7. N	lame and Address of New Registere	d Agent		
	0. Name and Address one			Name				ļ	
MATHEWS, CARL L.				Street Address (P.O. Box Number is Not Acceptable)					
8812 VAN FLEET RD				Sileet Address (1.0. box rumber is vot as party)					
RIVERVIEW	FL 33569		\ -				Zip Coo	ie l	
				City		-	' - '		
. 7)		ement for the purpose of changing its	registere	d office or regi	istered age	ent, or both, in the State of Florida. I a	m familiar with,	and accept	
3. The above i	named entity submits this state ons of registered agent.	ement for the purpose of changing ha		. 4					
the obligation	ons or regional again.		•	•				ì	
SIGNATURE _		(A)OT	E: Pocietered	Agent signature rec	nuired when re	einstating) DATI	E		
	Signature, typed or printed name of registe	ered agent and title it applicable. (1901)		rigon ognasio		T			
FI	LE NOW!!! FEE IS \$150	.00				9. Election Campaign Financing		00 May Be	
Δfter	May 1, 2003 Fee will be \$	550.00				Trust Fund Contribution.	☐ Adde	d to Fees	
Make Check	Payable to Florida Depart	ment of State					TIR CUSTOS	20 IN 11	
10. ; .		RS AND DIRECTORS	11.		AD	DDITIONS/CHANGES TO OFFICERS A			
TITLE	PST	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	MATHEWS, CARL L		NAME			·			
STREET ADDRESS	8812 VAN FLEET		1	ET ADDRESS					
CITY-ST-ZIP	RIVERVIEW FL		CITY	-ST-ZIP					
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NAME			NAM	£ }					
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	i na percent	☐ Delete	· TITLE	-			- Change	☐ Addition	
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CITY-ST-ZIP			CITY	-ST-ZIP	<u>.</u>				
	 	☐ Delete	TITL	E			☐ Change	e Addition	
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STREET ADDRESS			STR	EET ADDRESS					
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TITLE		bolate	NAN						
NAME STREET ADDRESS				EET ADDRESS					
CITY_ST_7IP			CIT	r-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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/8/03 Date

813-677-8C

Daytime Phone #