

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91606 002 ***150.00

DOCUMENT # 680390

1. Entity Name
JIM MATTHEWS, INC.

Principal Place of Business
10910 S. FLUTTER TERRACE
INVERNESS FL 32652

Mailing Address
P.O. BOX 723
FLORAL CITY FL 34436-0723

2. Principal Place of Business
2960 East Ridge Lane
 Suite, Apt. #, etc.

3. Mailing Address
2960 East Ridge Lane
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Inverness FL
 Zip
34452
 Country
US

City & State
Inverness FL
 Zip
34452
 Country
U.S.

4. FEI Number
59-2029782

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MATTHEWS, JAMES A.
10910 S. FLUTTER TERRACE
INVERNESS FL 32652

7. Name and Address of New Registered Agent

Name
Matthews, James A.
 Street Address (P.O. Box Number is Not Acceptable)
2960 East Ridge Lane
 City
Inverness **FL** Zip Code
34452

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 *Jim Matthews* **JIM MATTHEWS PRES** 4/16/02
(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 | PSTV MATTHEWS, JAMES A P.O. BOX 723 FLORAL CITY FL 34436-0723 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTV Matthews, James A 2960 East Ridge Lane Inverness, FL 34452 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Jim Matthews* **JIM MATTHEWS Pres.** 4/16/02 (352) 302-1529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)