

2002 UNIFORM BUSINESS REPORT (UBR)

001248 AI

DOCUMENT # A95000001188

1. Entity Name

MATRO, LTD.

FILED

02 JAN 23 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~2902 SPANIEL LANE ==~~
~~SEFFNER FL 33584 ==~~

~~2902 SPANIEL LANE --~~
~~SEFFNER FL 33584 ==~~



2. Principal Place of Business

6362 Cocoa Lane

3. Mailing Address

6362 Cocoa Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Apollo Beach, Florida

City & State

Apollo Beach, Florida

4. FEI Number

59-3332985

Applied For

Not Applicable

Zip

Country

33572

USA

Zip

Country

33572

USA

5. Certificate of Status Desired

☒ KX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRONU, DONNA G

~~2902 SPANIEL LANE ---~~
~~SEFFNER FL 33584 ---~~

Name

Street Address (P.O. Box Number is Not Acceptable)
6362 Cocoa Lane

City

Apollo Beach

FL

Zip Code

33572

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.

01/15/2002

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$100,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000060942
NAME SUN BELT HOLDINGS OF TAMPA BAY, INC.
STREET ADDRESS ~~2902 SPANIEL LANE --~~
CITY-ST-ZIP SEFFNER FL 33584 --

STREET ADDRESS 6362 Cocoa Lane
CITY-ST-ZIP Apollo Beach, Florida 33572

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/11/2002

(813) 649-0067

Date

Daytime Phone #

CR2E003 (9/01)