

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # A95000001188**

1. Entity Name  
**MATRO, LTD.**



**FILED**

**03 JAN 30 AM 8:49**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**MJM**

Principal Place of Business  
**6362 COCOA LANE  
APOLLO BEACH FL 33572**

Mailing Address  
**6362 COCOA LANE  
APOLLO BEACH FL 33572**



2. Principal Place of Business  
**6362 Cocoa Lane**

3. Mailing Address  
**6362 Cocoa Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3332985**

Applied For

Not Applicable

Zip Country

Zip Country

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**

**TRONU, DONNA G  
6362 COCOA LANE  
APOLLO BEACH FL 33572**

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. I am familiar with, and accept the obligations of registered agent.

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 FL. 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 **6362 COCOA LANE**  
CITY-ST-ZIP **APOLLO BEACH FL 33572**

STREET ADDRESS

CITY-ST-ZIP

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**200011395992  
01/30/03--01042--008 \*\*526.25**

CR2E003 (10/02)

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/22/03 (813) 649-067**

Date

Daytime Phone #