2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED Feb 08, 2000 8:00 am **DOCUMENT # F41910 Secretary of State** 1. Entity Name MATHIAS AND COMPANY, INC. 02-08-2000 90053 019 ***150.00 Principal Place of Business Mailing Address 3223 LOWNDES DR. 3223 LOWNDES DR. P.O.BOX 4097 P.O.BOX 4097 80074082 WINTER PARK FL 32793-4097 WINTER PARK FL 32793 Principal Place of Business 302 B Wisher Woods 84 b Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number Will ter Pack 59-2119891 Not Applicable \$8:75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MATHIAS, MONTY F Street Address (P.O. Box Number is Not Acceptable) 653 GREENMEADOW AVE MAITLAND FL 32751 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE TITLE MATHIAS, MONTY F NAME NAME 653 GREENMEADOW AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND, FL 00000 TITLE ☐ Delete TITLE KASAVAGE, WILLIAM J NAME NAME STREET ADDRESS 3323 LOWNDES DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PK, FL 00000 · ☐: Defete · · · TITLE ~ TITLE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attachagent with an address, with all others have exempted to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR