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Daytime Phone #

2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 29, 2002 8:00 am § F41910 DOCUMENT # **Secretary of State** 1. Entity Name 03-29-2002 91418 013 ***150.00 MATHIAS AND COMPANY, INC. Mailing Address Principal Place of Business P.O.BOX 4097 2302 B-WINTERWOODS BLVD WINTER PARK FL 32793 WINTER PARK FL 32792 Principal Place of Business 302 WIN Fer Woods Bu 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 1010 Applied For City & State 4. FEI Number 59-2119891 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATHIAS, MÖNTY 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 DATÉ 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Change Addition DP TITLE ☐ Delete TITLE MATHIAS, MONTY F NAME NAME 653 GREENMEADOW AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLANE FL CITY-ST-ZIP ☐ Addition ☐ Change TITLE VD. ☐ Delete TITLE KASAVAGE, WILLIAM J NAME NAME STREET ADDRESS 3323 LOWNDES DR STREET ADDRESS CITY-ST-ZIP WINTER PARK FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE 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 attachment with an address, with all other like empowered.