

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F59436

1. Entity Name

WALTER MATHEWS AND ASSOCIATES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90016 016 ***150.00

Principal Place of Business

Mailing Address

C/O WALTER T. MATHEWS
 5834 CHESTER AVE #109
 JACKSONVILLE FL 32217
 US

C/O WALTER T. MATHEWS
 6034 CHESTER AVE #109
 JACKSONVILLE FL 32217-2237
 US

00043112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

119
 Suite, Apt. #, etc.
 Jacksonville, FL

3607 Jose Terr
 Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

4. FEI Number

59-2151349

Applied For

Not Applicable

Zip

32217

Country

USA

Zip

32217

Country

USA

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

MATHEWS, WALTER T.
 6034 CHESTER AVENUE
 #109
 JACKSONVILLE FL 32217

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.

SIGNATURE

Walter T. Mathews

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MATHEWS, WALTER T.	
STREET ADDRESS	3607 JOSE TERRACE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MATHEWS, NANCY D.	
STREET ADDRESS	3607 JOSE TERRACE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:

Walter T. Mathews 4-25-00 (904) 636-0038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)