

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

0466336

DOCUMENT # F59436

1. Entity Name

WALTER MATHEWS AND ASSOCIATES, INC.

05-18-2001 91630 001 *****8.75

05-18-2001 91630 002 ***150.00

Principal Place of Business

~~6015 MORTON ST~~ **3607 Jose Terr**
#119
JACKSONVILLE FL 32217
US

Mailing Address

3607 JOSE TERR
JACKSONVILLE FL 32217
US

2. Principal Place of Business

3607 Jose Terr

Suite, Apt. #, etc.

3. Mailing Address

3607 Jose Terr

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL 32217

4. FEI Number

59-2151349

Applied For

Not Applicable

Zip

32217

Country

US

Zip

32217

Country

U.S

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Walter T. Mathews

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

3607 Jose Terr

City

Jacksonville

FL

Zip Code

32217

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)

4-30-01

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, 2001 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 (404) 636-0058

Date

Daytime Phone #

CR2E034 (10/00)