

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006232

1. Entity Name

MATRIX LABS, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90053 031 ***150.00

Principal Place of Business

Mailing Address

1479 PARKER RD. STE 700
CONYERS GA 30094

PO BOX 81971
CONYERS GA 30013

2. Principal Place of Business

3. Mailing Address

1520 N. Meadowcrest Blvd

1520 N. Meadowcrest Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crystal River, FL

City & State

Crystal River, FL

4. FEI Number

58-2126196

Applied For

Not Applicable

Zip

34429

Country

Zip

34429

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

ASHE, BETTY J
248 W. KELLER ST.
HERNANDO FL 34442

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
ASHE, WAYNE
1479 PARKER RD, STE 700
CONYERS GA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Ashe, Wayne
248 W. Keller Street
Hernando, FL 34442 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
ASHE, BETTY
1479 PARKER RD, STE 700
CONYERS GA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Ashe, Betty
248 W. Keller Street
Hernando, FL 34442 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Betty J. Ashe Betty J. Ashe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-00 352 794-7630

CR2E034 (9/99)