

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G50094

1. Entity Name

MATRIX SYSTEMS, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90089 003 \*\*\*150.00

Principal Place of Business

Mailing Address

14750 BEACH BLVD. #79  
JACKSONVILLE FL 32250

14750 BEACH BLVD. #79  
JACKSONVILLE FL 33711-4452

2. Principal Place of Business

3. Mailing Address

4440 46th Ave So  
Suite, Apt. #, etc.

4440 46th Ave So  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State St. Petersburg, FL		City & State St. Petersburg, FL		4. FEI Number 59-2341883	Applied For <input type="checkbox"/> Not Applicable
Zip 33711	Country USA	Zip 33711	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTHES, WALTER L.  
14750 BEACH BLVD. #79  
JACKSONVILLE BCH. FL 32250

Name  
MATTHES, WALTER L.  
Street Address (P.O. Box Number is Not Acceptable)  
4440 46th Ave So  
City St. Petersburg FL Zip Code 33711

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 L. Matthes DATE 2/21/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PTS MATTHES, WALTER L. 14750 BEACH BLVD. #79 JACKSONVILLE BCH FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS MATTHES, WALTER L. 4440 46th Ave So St. Petersburg, FL 33711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETERSON, CHARLES H. 9430 BRIGHTON AVENUE ELBERTA AL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, RONALD H 900 FOX VALLEY DR. 207 LONGWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELOACH, ROBERT E 850 WIMBLEDON DRIVE MACON GA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Walter L. Matthes DATE 2/21/00 727-865-9397  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)