

DOCUMENT # G50094	
1. Entity Name MATRIX SYSTEMS, INC.	

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90050 006 ***150.00

Principal Place of Business 4440 46TH AVENUE SOUTH SAINT PETERSBURG FL 33711	Mailing Address 4440 46TH AVENUE SOUTH SAINT PETERSBURG FL 33711
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2341883	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MATTHES, WALTER L. 4440 46TH AVENUE SOUTH SAINT PETERSBURG FL 33711

7. Name and Address of New Registered Agent	
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 _____ (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, 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	PTS <input type="checkbox"/> Delete
NAME	MATTHES, WALTER L.
STREET ADDRESS	4440 46TH AVENUE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG FL 33711
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	PETERSON, CHARLES H.
STREET ADDRESS	9430 BRIGHTON AVENUE
CITY-ST-ZIP	ELBERTA AL
TITLE	V <input type="checkbox"/> Delete
NAME	WILSON, RONALD H
STREET ADDRESS	900 FOX VALLEY DR. 207
CITY-ST-ZIP	LONGWOOD FL
TITLE	V <input type="checkbox"/> Delete
NAME	DELOACH, ROBERT E
STREET ADDRESS	850 WIMBLEDON DRIVE
CITY-ST-ZIP	MACON GA
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	
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 L. Matthes 1/9/01 727-865-6848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)