## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## G54186 DOCUMENT #

1. Entity Name

RICHARD MATZ DESIGN ASSOCIATES, INCORPORATED



## **FILED** Jan 06, 2003 8:00 am Secretary of State 01-06-2003 90040 025 \*\*\*150.00

Principal Place 901 DOUGLAS SUITE 201 ALTAMONTE SF US 2. Principal Pla	avenue Prings FL 327	901 DX SUITE ALTAN US	Mailing Address 901 DOUGLAS AVENUE SUITE 201 ALTAMONTE SPRINGS FL 32714 US 3. Mailing Address								
				, Apt. #, etc.			-		CINIC CHANGES	• 4-	
Suite, Apt. #	f, etc.	June	Suite, Apr. II, etc.			CHECK HERE IF MAKING CHANGES  4 FEI Number — A DEPOSE Applied For					
City & State		City	City & State			<b>4</b> . F	59-2327953 Not Applicab		ot Applicable		
Zip		Zip	Zip Coun			5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name a	nd Address of (	urrent Registere	Registered Agent			7. Name and Address of New Registered Agent				
						Name					
•	HARD C., AI			Str			Street Address (P.O. Box Number is Not Acceptable)				
-	ilas avenu	E			'						
SUITE 201		EL 00744							Zip Cod		
ALTAMONTE SPRINGS FL 32714						City			rt   ·		
8. The above the obligation	named entity sons of register	submits this state ed agent.	ement for the purp	ose of changing its	s registere	ed office or regis	stered age	ent, or both, in the State of Florida.	i am familiar with,	and accept	
SIGNATURE _	Signature, typed or	printed name of regist	ered agent and title it app	licable. (NO	ΓE: Registere	d Agent signature requ	uired when re	sinstating)	ATE		
After	May 1, 2003	FEE IS \$150 Fee will be \$ Florida Depart	550.00	State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10.			RS AND DIRECTO	RS	11.		AD	DDITIONS/CHANGES TO OFFICERS			
TITLE	PD	<u>.</u>		☐ Delete	THTL				☐ Change	Addition !	
NAME	MATZ, RICH		NAM etbi	ie Eet address							
STREET ADDRESS CITY-ST-ZIP	2513 LAST LONGWOO					'-ST-ZIP					
TITLE	Lonando	<u> </u>	<del></del>	☐ Delete	TITL	E E		<u> </u>	☐ Change	☐ Addition	
NAME					NAM						
STREET ADDRESS						EET ADDRESS /- ST-ZIP					
CITY-ST-ZIP	_		_ <del></del>		TITL			, , , , , , , , , , , , , , , , , , ,	Change	Addition	
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CITY-ST-ZIP	_				CIT	Y-ST-ZIP		<del></del>	Change	Addition	
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NAME STREET ADDRESS	1					EET ADDRESS					
CITY-ST-ZIP				-		Y-ST-ZIP					
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NAME					NAI ete	ME REET ADDRESS					
STREET ADDRESS						Y-ST-ZIP					
CITY-ST-ZIP	-	<u> </u>	<del></del>	☐ Delete	TIT	<del></del>			Change	Addition	
TITLE NAME					NA	<b>I</b>					
STREET ADDRESS						REET ADDRESS					
CITY-ST-ZIP	<u> </u>					Y-ST-ZIP	in Contin-	119.07(3)(i), Florida Statutes. I furth	per certify that the	information	
1	a a wife a that the	information cur	aliad with this filing	n does not qualify.	tor the ex	emblion stated	ກາ ວອດແດມ	i i i a.u ((u)(i), i lonua siatutes. I luiti	Johnny trick life		

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MULLI ARD C. MATZE DPRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 Jan'03 407-869-5588