2001 UNIFORM BUSINESS KEPUHI (UBK) DOCUMENT # G58882 THE JASPER MATTHEWS CORPORATION .02 APR 19 AM II: 05 Principal Place of Business Mailing Address SECRETARY OF STATE 4859 PARK ST. NORTH 4859 PARK ST. NORTH TALLAHASSEE. FLORIDA SUITE 234 SUITE 234 ST PETERSBURG FL 33709 ST PETERSBURG FL 33709 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied F City & State City & State 59-2320065 Not Applic Country \$8.75 Additional Zip Ζiρ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current F. gistered Agent 7. Name and Address of New Registered Agent TAYLOR, JAMES M. Street Address (P.O. Box Number is Not Acceptable) 240 ORANGETREE DR. ATLANTIS FL 33462 Zip Code 5: the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this stateme: SIGNATURE. 3 356 d applicable CATE (NOTE: Registered Agent signature required when reme FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intang .. 10. Election Campaign Financing \$5.00 May Tax filing requirement and elects to do so. After MAY 1, 2001 ree will be \$550.00 Trust Fund Contribution. Added to Fee (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND 12. RECTORS 11. ☐ Change* TITLE Delete MILE ... TAYLOR, JAMES M NAME MAME 240 ORNAGETREE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTIS FL 33462 CITY-ST-ZIP Detete IIILE TITLE NAME -TAYLOR, DIANE L NAME STREET ADDRESS 2154 TARRAGON RD. STREET ADDRESS ****150.00 CITY-ST-ZIP ****150.00 CITY-ST-ZIP W. PALM BEACH FL 33415 ☐ Change ☐ Defete TITLE TITLE KAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change □ Ac TIFLE TITLE ☐ Detete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CLTY-ST-ZIP Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 712 13. I hereby certify that the information supplied with this filling 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 oaln; that I am an officer or one 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 Elecchanged, or on an attachment with an address, with all other like empowered. DIRECTOR

a asta to



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

March 28, 2002

THE JASPER MATTHEWS CORPORATION 4859 PARK ST. NORTH SUITE 234 ST PETERSBURG, FL 33709 US

Subject: THE JASPER MATTHEWS CORPORATION

Reference Number:

G58882

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the <u>Division of Corporations at (850) 245-6051.</u>

/jg ANNUAL REPORTS SECTION