

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90036 040 ***150.00

DOCUMENT # G65171

1. Entity Name

JAMES S. MATTSON, P.A.

Principal Place of Business

**88101 OVERSEAS HWY
 ISLAMORADA FL 33036**

Mailing Address

**P.O. BOX 586
 KEY LARGO FL 33037**

2. Principal Place of Business

629 ISLAND DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

KEY LARGO, FL

City & State

Zip

33037

Country

MONROE

Zip

Country

4. FEI Number

59-2333267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MATTSON, JAMES S.
 88101 OVERSEAS HWY
 ISLAMORADA FL 33036**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

629 ISLAND DRIVE

City

KEY LARGO

FL

Zip Code

33037

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

James S. Mattson **JAMES S. MATTSON**

4-12-01

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, 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	DP	<input type="checkbox"/> Delete
NAME	MATTSON, JAMES S	
STREET ADDRESS	P O BOX 509	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
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:

James S. Mattson **JAMES S. MATTSON**

4-12-01

305.451.3951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)