

2001 **UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # G75372**

1. Entity Name

WAYNE MATTHEWS CORPORATION**FILED**
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90502 026 ***150.00

Principal Place of Business

% WAYNE R. MATTHEWS

196 JOYCE ST
SAFETY HARBOR FL 34695

Mailing Address

% WAYNE R. MATTHEWS

196 JOYCE ST
SAFETY HARBOR FL 34695 2220

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 **59-2347976**Applied For
Not Applied5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTHEWS, WAYNE R.
196 JOYCE ST
SAFETY HARBOR FL 34695

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

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, 2000 Fee will be \$550.00****Check Payment to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May B.
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MATTHEWS, WAYNE R
196 JOYCE ST
SAFETY HARBOR FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
KARA MATTHEWS
6530 SUMMER COVE DRIVE
RIVERVIEW, FL 33569 ☐ Change ☒ AdditTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addit

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: OFFICER

Date

Daytime Phone #

WAYNE MATTHEWS
PRESIDENT
5/24/01 727-726-8431WAYNE MATTHEWS
PRESIDENT
5/24/01 727-726-8431

A007172S Attachment
D# 675372

**wayne matthews
corporation**

"The Customer Retention People"

May 21, 2001

Division Of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I have always filed and paid for my Uniform Business Report timely.

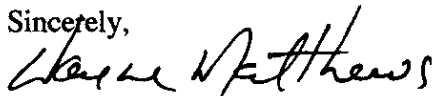
I did not receive a report this year, and only realized this while doing my 6-month Profit and Loss statement.

I called your office in Tallahassee, spoke with "Jo", and she advised me to make a copy of last year's report and to make the appropriate changes on the copy, and to include a check for \$150.00. She also advised me to write a letter of explanation, requesting a waiver of any penalty.

I have followed her instructions and have included a check for \$150.00. I request that I not be penalized since I did not receive the report.

Thank you, kindly.

Sincerely,



Wayne Matthews
President