

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90402 031 \*\*\*150.00

**DOCUMENT # H48498**

**1. Entity Name**  
**MATHEWS MANAGEMENT CORPORATION, INC.**

**Principal Place of Business**  
**1000 US HWY 27NORTH**  
**HAINES CITY FL 33844**

**Mailing Address**  
**1000 US HWY 27NORTH**  
**HAINES CITY FL 33844**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3843 W. LAKE HAMILTON DR**

**3. Mailing Address**

**3843 W. LAKE HAMILTON DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**WINTER HAVEN, FL**

**City & State**

**WINTER HAVEN, FL**

**Zip**  
**33881-8223**

**Country**  
**USA**

**Zip**  
**33881-8223**

**Country**  
**USA**

**4. FEI Number** **59-2559716**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MATHEWS, ED**  
**1000 US 27 NORTH**  
**HAINES CITY FL 33844**

**7. Name and Address of New Registered Agent**

**Name**  
**EDWARD D. MATHEWS**

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

**3843 W. LAKE HAMILTON DR.**  
**WINTER HAVEN, FL 33881-8223**

**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** Edward D. Mathews, EDWARD D. MATHEWS

**4/11/02**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PSD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MATHEWS, CHARLES A.</b>	
<b>STREET ADDRESS</b>	<b>1000 US HWY 27 N.</b>	
<b>CITY-ST-ZIP</b>	<b>HAINES CITY FL</b>	
<b>TITLE</b>	<b>VD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>VAN DEN BOOM, CARRIE M</b>	
<b>STREET ADDRESS</b>	<b>216 INVERNESS WAY NE</b>	
<b>CITY-ST-ZIP</b>	<b>WINTER HAVEN FL 33881</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>3843 W. LAKE HAMILTON DR.</b>
<b>CITY-ST-ZIP</b>	<b>WINTER HAVEN, FL 33881-8223</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** Charles A. Mathews, CHARLES A. MATHEWS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/11/02 (863)294-9336**

CR2E034 (9/01)