

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90051 026 ***150.00

DOCUMENT # J55188

1. Entity Name

WILLIAM D. MATTHEWMAN, P.A.

Principal Place of Business

Mailing Address

C/O WILLIAM D MATTHEWMAN
 44 WEST FLAGLER ST. STE 1700
 MIAMI FL 33130
 US

C/O WILLIAM D MATTHEWMAN
 44 WEST FLAGLER ST. STE 1700
 MIAMI FL 33130-6817
 US

2. Principal Place of Business

2300 Glades Road

3. Mailing Address

2300 Glades Road

Suite, Apt. #, etc.

Suite 340-W

Suite, Apt. #, etc.

Suite 340-W

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

59-2816609

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MATTHEWMAN, WILLIAM D.
44 WEST FLAGLER ST
STE 1700
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name **SAME**
 Street Address (P.O. Box Number is Not Acceptable)
2300 GLADES ROAD,
SUITE 340-W
 City **BOCA RATON** FL Zip Code **33431**

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 **William D. Matthewman**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/27/2000
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
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWMAN, WILLIAM D.	NAME	2300 Glades Road, Suite 340-W
STREET ADDRESS	44 WEST FLAGLER ST, STE 1700	STREET ADDRESS	BOCA RATON FL 33431
CITY-ST-ZIP	MIAMI FL 33130	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **William D. Matthewman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2000 **561 416 0170**
Date Daytime Phone #

CR2E034 (9/99)