

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended

DOCUMENT #

1. Entity Name

Matthews Development Company, Inc.

Ref. Nr. J82510

FILED

02 JUN -3, AM 11: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4736 Ocean Blvd

Suite, Apt. #, etc.
Apt # 7

3. Mailing Address

21202 West Willow Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sarasota, FL

City & State
Kildeer, IL

4. FEI Number

59-2829936

Applied For

Not Applicable

Zip Country
34242

Zip Country
60047

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Douglas S. Tomlinson,

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

1035 So. Semoran Blvd

City Zip Code
Winter Park FL 32792

**DO NOT WRITE
IN THIS SPACE**

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

☒ This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
Pierre Matthews
21202 West Willow Drive
Kildeer IL 60047

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700005869517--5
-06/19/02--01082--008
*****70.00 *****70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T/D
Greta Matthews
21202 West Willow Drive
Kildeer IL 60047

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D
Jessica B. Matthews
1609 East Airport Road
Urbana IL 61802

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pierre Matthews June 1, 2002
Pierre Matthews Date Daytime Phone #

CR2E034B (12/01)