

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

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90203 050 ***150.00

DOCUMENT # K55243

1. Entity Name

MATANZAS CORPORATION

DO NOT WRITE IN THIS SPACE

80058901

2. Principal Place of Business
850 SAN CARLOS DR

3. Mailing Address
850 SAN CARLOS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT. MYERS BEACH FL

City & State
FT. MYERS BEACH FL

4. FEI Number
65-0099264

Applied For
Not Applicable

Zip
33931

Country
US

Zip
33931

Country
US

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
WANDERON, THOMAS

Street Address (P.O. Box Number is Not Acceptable)
~~430 SAN CARLOS BLVD~~

City
FT. MYERS BEACH FL Zip Code
33931

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)

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	PD COE, JANICE 1425 BLOOR ST WEST TORONTO, ONTARIO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THURSTON, ROLAND 850 SAN CARLOS DR FT. MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, BRETT 813 ATHERTON AVE FT. MYERS, FL33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. HUGHES, HOLLY 813 ATHERTON AVE FT. MYERS, FL33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

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: Roland Thurston 

March 26, 2002 (239) 463-5422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #