

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000003848

1. Entity Name  
MATTHEWS PETRO-EXPLORATION II, LLC

FILED

01 APR 30 PM 6:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1710 CROSSWINDS LANDING  
FT. WALTON BEACH FL 32542

Mailing Address  
1710 CROSSWINDS LANDING  
FT. WALTON BEACH FL 32542



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
HOME OFFICE  
Suite, Apt. #, etc.

3. Mailing Address  
1710 CROSSWINDS LANDING  
Suite, Apt. #, etc.

City & State  
FT WALTON BEACH, FL  
Zip  
32547-1184  
Country  
USA

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FT WALTON BEACH, FL  
Zip  
32547-1184  
Country  
USA

4. FEI Number  
59-3561432  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, ROBERT  
1710 CROSSWINDS LANDING  
FT. WALTON BEACH FL 32542

7. Name and Address of New Registered Agent

Name  
SAME  
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: Robert D. Matthews

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: April 24, 2001

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE: OWNER  
NAME: Robert D. Matthews  
STREET ADDRESS: 1710 CROSSWINDS LANDING  
CITY-ST-ZIP: FT WALTON BEACH FL 32547-1184

10. ADDITIONS/CHANGES

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)