

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91533 034 ***150.00

DOCUMENT # L01000000 8185

1. Entity Name

Matthews + James Management, LLC

DO NOT WRITE IN THIS SPACE

867417

2. Principal Place of Business

180 S. Knowles Avenue

Suite, Apt. #, etc.

Suite 7

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Address

180 S. Knowles Avenue

Suite, Apt. #, etc.

Suite 7

City & State

Winter Park, FL

Zip

32789

Country

USA

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4. FEI Number

59-3723630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Thomas V. Infantino

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

180 S. Knowles Avenue

Suite 7

City

Winter Park

FL

Zip Code

32789

**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 state 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
D. John Murphy, Sr.
STREET ADDRESS
180 S. Knowles Avenue, Suite 7.
CITY-ST-ZIP
Winter Park FL 32789

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CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

5/1/02

Date

Daytime Phone #

CR2E034B (12/01)