

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90085 047 \*\*\*158.75

0629224 AT

**DOCUMENT # L29164**

**1. Entity Name**  
**RICHARD MATTHEWS AND ASSOCIATES, INC.**



**Principal Place of Business**  
**%RICHARD MATTHEWS**  
**22 8TH ST**  
**GREENSBORO FL 32330**

**Mailing Address**  
**P.O. BOX 255**  
**GREENSBORO FL 32330**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-2974666**

Applied For  
Not Applicable

**5. Certificate of Status Desired**

☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MATTHEWS, RICHARD**  
**22 8TH ST**  
**GREENSBORO FL 32330**

Name  
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. I am familiar with, and accept the obligations of registered agent**

**SIGNATURE**

*Richard Matthews* RGM

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/11/03*

**FILE NOW!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D MATTHEWS, HARVEY W**  
**RT 1 BOX 337-C**  
**QUINCY FL**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD MATTHEWS, RICHARD G**  
**22 8TH ST**  
**GREENSBORO FL**

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.**

**SIGNATURE:**

*Richard Matthews*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/11/03* *950-442-4103*

CR2E034 (10/02)