

2000 UNIFORM BUSINESS REPORT (UBR)

U011004 AF

DOCUMENT # L99000000830

1. Entity Name
MATTSON BROTHERS HOLDINGS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 11 AM 11:06

Principal Place of Business
9907 WOODBAY DRIVE
TAMPA FL 33626

Mailing Address
9907 WOODBAY DRIVE
TAMPA FL 33626-2428



2. Principal Place of Business
12031 Brewster Drive
Suite, Apt. #, etc.

3. Mailing Address
12031 Brewster Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL
Zip
33626

Country
USA

City & State
Tampa, FL
Zip
33626

Country
USA

4. FEI Number
59-3555735

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MATTSON, ERIC B
9907 WOODBAY DRIVE
TAMPA FL 33626

7. Name and Address of New Registered Agent

Name
Eric B. Mattson
Street Address (P.O. Box Number is Not Acceptable)
12031 Brewster Drive
City Tampa, FL 33626 FL Zip Code 33626

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)

2/8/00
DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MATTSON, ERIC B	
STREET ADDRESS	9907 WOODBAY DRIVE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MATTSON, KEVIN D	
STREET ADDRESS	8566 DRAKE COURT	
CITY-ST-ZIP	CHANNASSEN MN 55317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12031 Brewster Drive	
STREET ADDRESS	Tampa, FL 33626	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500003148275--0	
STREET ADDRESS	02/25/00--01097--012	
CITY-ST-ZIP	*****50.00 *****50.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	mf 2/22/00	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: ERIC B. MATTSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/8/00
Date

(813) 220-6801
Daytime Phone #

CR2E083 (9/99)