

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90079 050 ***150.00

DOCUMENT # M76767

1. Entity Name
MATLACHA TRADING CO.

Principal Place of Business Mailing Address

4204 PINE ISLAND ROAD **MATLACHA TRADING CO.**
MATLACHA FL 33909 **P. O. BOX 3302**
US **FT. MYERS FL 33902**
 US

2. Principal Place of Business 3. Mailing Address

4009 E. RIVER DR. Suite, Apt. #, etc.

City & State City & State

FORT MYERS, FL **FL**

Zip Country Zip Country

33916 **USA**

6. Name and Address of Current Registered Agent

BAILEY, HAROLD
4009 E RIVER DR
FT MYERS FL 33916

4. FEI Number Applied For

65-0048574 ☐ Not Applicable

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

☐

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BAILEY, HAROLD 4009 E RIVER DR FT. MYERS FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harold E. Bailey (HAROLD E. BAILEY) 1/5/01 844-694-9627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)