

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

0478595
 AV

03-18-2002 90002 023 ***150.00

DOCUMENT # M76767

1. Entity Name
MATLACHA TRADING CO.

Principal Place of Business
**4009 E RIVER DR
 FORT MYERS FL 33916
 US**

Mailing Address
**MATLACHA TRADING CO.
 P. O. BOX 9302
 FT. MYERS FL 33902
 US**

930828



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1910 VIRGINIA AVE

Suite, Apt. #, etc.

B-102

City & State

FORT MYERS, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0048574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

**BAILEY, HAROLD
 4009 E RIVER DR
 FT MYERS FL 33916**

7. Name and Address of New Registered Agent

Name

BAILEY, HAROLD

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

1910 VIRGINIA AVE

B-102

City

FORT MYERS FL

FL

Zip Code

33901

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)

DATE

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

FILE NOW!!! FEE (\$150.00)
After May 1, 2002 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

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	T BAILEY, HAROLD 4009 E RIVER DR FT. MYERS FL 33916 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1910 VIRGINIA AVE, B-102 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1910 VIRGINIA AVE. - B-102 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD E. BAILEY

3/5/02 941-334-6255
 Date Daytime Phone #

CR2E034 (9/01)