

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 SEP 26 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000000750

1. Entity Name
MATHIAS & MATHIAS, L.L.C.

Principal Place of Business: 3251B LAKEVIEW DRIVE, TALLAHASSEE FL 32310
Mailing Address: 3251B LAKEVIEW DRIVE, TALLAHASSEE FL 32310

2. Principal Place of Business: Suite, Apt. #, etc. **3251A**
City & State: **TALLAHASSEE FL**
Zip: **32310** Country:

3. Mailing Address: Suite, Apt. #, etc. **3251A**
City & State: **TALLAHASSEE FL**
Zip: **32310** Country:

4. FEI Number: Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
MATHIAS, JONATHAN GRANT
3251B LAKEVIEW DRIVE
TALLAHASSEE FL 32310

7. Name and Address of New Registered Agent
Name: **MATHIAS, JONATHAN GRANT**
Street Address (P.O. Box Number is Not Acceptable): **3251A LAKEVIEW DR.**
City: **TALLAHASSEE FL** Zip Code: **32310**

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: *Jonathan Mathias* (NOTE: Registered Agent signature required when reinstating) DATE: **Sept/26/00**

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATHIAS, G. DOBSON 17937 RIVER FORD DRIVE DAVIDSON NC 28036-8823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATHIAS, MARVOURLEEN W 17937 RIVER FORD DRIVE DAVIDSON NC 28036-8823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATHIAS, JONATHAN GRANT 3251B LAKEVIEW DRIVE TALLAHASSEE FL 32310 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jonathan Mathias* **JONATHAN MATHIAS MGR** Date: **Sept/25/00** Daytime Phone #: **980 6044**

CR2E083 (5/00)