

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
02-28-2001 90042 011 ***150.00

DOCUMENT # P00000000275

1. Entity Name

M.R.E. REFERRAL SERVICES, INC.

Principal Place of Business

**2023 W. OLD HIGHWAY 441
MOUNT DORA FL 32757**

Mailing Address

**P.O. BOX 525
MOUNT DORA FL 32757**

2. **21405 Wolf Branch Road**

**Mount Dora, FL
32757 USA**

3. **21405 Wolf Branch Road**

**Mount Dora, FL
32757 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3622268

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATSCHKE, JOHN J
2023 W. OLD HIGHWAY 441
MOUNT DORA FL 32757**

**Matsche, John J.
21405 Wolf Branch Road
Mount Dora, FL 32757**

8. The above named entity submits this statement for the purpose of changing its registered

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

(NOTE: Registered Agent signature required when reinstating)

2/20/2001

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 ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PDTS			
	John J. Matsche	21405 Wolf Branch Road	Mount Dora, FL 32757	

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

2/20/2001 352-383-6121

Date

Daytime Phone #

CR2E034 (10/00)