

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
 05-23-2001 91005 039 ***150.00

DOCUMENT # **PD00000043163**

1. Entity Name

MATHEWS INSURANCE INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

14174 U.S. HWY 19

3. Mailing Address

11701 HARVEST MOON CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HUDSON FL

City & State

PORT RICHEY FL

4. FEI Number

59-3643864

Applied For

Not Applicable

Zip

Country

34667

Zip

Country

34668

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL + UTRERA P.A.
343 ALMERIA AVE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **ROBERT MATHEWS**
 Street Address (P.O. Box Number is Not Acceptable)
14174 U.S. HWY 19
 City **HUDSON FL** Zip Code **34667**

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]

ROBERT MATHEWS, PRES. 4-30-01

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!!
After MAY 1, 2001
Make Check Payable

FEE IS \$150.00
Fee will be \$550.00
to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD MATHEWS, ROBERT S. 11701 HARVEST MOON CIR PORT RICHEY FL 34668 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| 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 |
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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 files empowered.

SIGNATURE:

[Signature]

ROBERT MATHEWS 727-869-1292
PRES
 Date **4-30-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/00)