

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045949

1. Entity Name

MATT'S PETROLEUM, INC

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90451 006 ***150.00

00049645



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6819 JOHNSON STREET
HOLLYWOOD FL 33024

Mailing Address

6819 JOHNSON STREET
HOLLYWOOD FL 33024

2. Principal Place of Business

939 E. BRANDON BLVD.

3. Mailing Address

16314 E. COURSE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRANDON, FL.

City & State

TAMPA, FL.

4. FEI Number

65-1011202

Applied For

Not Applicable

Zip

33571

Country

FL

Zip

33624

Country

FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, MATHEW
6819 JOHNSON STREET
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name MATHEW JOSEPH

Street Address (P.O. Box Number is Not Acceptable)
16314 EAST COURSE DR.

City TAMPA

FL

Zip Code 33624

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 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

TITLE PD ☐ Delete
NAME JOSEPH, MATHEW
STREET ADDRESS 6819 JOHNSON STREET
CITY-ST-ZIP HOLLYWOOD FL 33024
815 OVER HILL DR. BRANDON, FL 33511

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME SEE DIRECTOR
STREET ADDRESS MATHEW G. ELEGICAL
CITY-ST-ZIP 16314 EAST COURSE DR. TAMPA, FL. 33624

TITLE ☐ Change ☒ Addition
NAME ~~TREASURER~~ SECRETARY
STREET ADDRESS ANNET J. MANIPADAM
CITY-ST-ZIP 10716 TAYSTOCK DR. TAMPA, FL. 33624

TITLE ☐ Change ☒ Addition
NAME ~~TREASURER~~
STREET ADDRESS MARINA M. ELEGICAL
CITY-ST-ZIP 16314 EAST COURSE DR TAMPA, FL 33624

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS JOSE MANIPADAM
CITY-ST-ZIP 10716 TAYSTOCK DR TAMPA, FL 33624

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS PHILOMINA JOSEPH
CITY-ST-ZIP 815 OVERHILL DR BRANDON, FL 33511

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, name or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)