

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000055679

FILED
Apr 30, 2003
Secretary of State

Entity Name: MATTY'S FLYING "A" TRUCKING, INC.

Current Principal Place of Business:

P.O. BOX 7785
SUNCITY, FL 33586

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7785
SUNCITY, FL 33586

New Mailing Address:

FEI Number: 65-1008006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TESTA, PHILIP J
4726-B N. LOIS AVE.
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BALDI, MATTHEW JR.
Address: 6521 SANTIAGO CT.
City-St-Zip: APOLLO BEACH, FL 33572

Title: D () Delete
Name: BALDI, LAUREL A
Address: 6521 SANTIAGO CT.
City-St-Zip: APOLLO BEACH, FL 33572

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BALDI, MATTHEW JR.
Address: 731 N. FORBES RD
City-St-Zip: PLANT CITY, FL 33567

Title: D (X) Change () Addition
Name: BALDI, LAUREL A
Address: 731 N. FORBES RD
City-St-Zip: PLANT CITY, FL 33567

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREL A BALDI

D

04/30/2003

Electronic Signature of Signing Officer or Director

_____ Date