

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90072 022 \*\*\*150.00

**DOCUMENT # P00000075720**

**1. Entity Name**  
**MICHAEL MATTHEW'S DESIGN, INC.**



**Principal Place of Business**  
**1132 PELICAN BAY DR.**  
**DAYTONA BCH FL 32119**

**Mailing Address**  
**1132 PELICAN BAY DR.**  
**DAYTONA BCH FL 32119**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**  
**69-3667232**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**OLDZIEJEWSKI, THOMAS**  
**1144 SIESTA KEY CIR**  
**PORT ORANGE FL 32127**

Name **Thomas Oldziejewski**  
Street Address (P.O. Box Number is Not Acceptable)  
**3551 Red Barn Lane**  
City **Ormond Bch** FL **32127**

**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. I am familiar with, and accept the obligations of registered agent.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-17-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☐ Delete  
NAME **OLDZIEJEWSKI, THOMAS**  
STREET ADDRESS **3551 RED BARD LANE**  
CITY-ST-ZIP **DAYTONA BEACH FL 32127**

TITLE **PRES** ☒ Change ☐ Addition  
NAME **~~OLDZIEJEWSKI, THOMAS~~**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **WEAVER, PAT**  
STREET ADDRESS **19 APPLEWOOD CIRCLE**  
CITY-ST-ZIP **DAYTONA BEACH FL 32119**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

**12. 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 10 or Block 11 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**

**1-17-03 386-767-5766**

Date

Daytime Phone #

CR2E034 (10/02)