

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**  
 05-15-2001 90175 048 \*\*\*150.00

DOCUMENT # P00000084854

1. Entity Name

Mattheessen and Magilner Store #2, Inc.

Principal Place of Business

512 1/2 Duval St.  
 Key West, FL 33040

Mailing Address

926 Truman Ave.  
 Key West, FL 33040

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

512 1/2 Duval Street

Suite, Apt. #, etc.

City & State

Key West FL

4. FEI Number

65-1044798

Applied For

Not Applicable

Zip

Country

Zip

33040

Country

USA

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

Albert L. Kelley  
 926 Truman Ave.  
 Key West, FL 33040

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P D ☐ Delete  
 NAME Lawrence R. Magilner  
 STREET ADDRESS 419 Duval St.  
 CITY-ST-ZIP Key West, FL 33040

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

TITLE V D ☒ Delete  
 NAME Al Kelley  
 STREET ADDRESS 926 Truman Ave.  
 CITY-ST-ZIP Key West, FL 33040

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

TITLE S T D ☐ Delete  
 NAME Brent R. Mattheessen  
 STREET ADDRESS 419 Duval St.  
 CITY-ST-ZIP Key West, FL 33040

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Brent Mattheessen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-01

305  
 296-8014

CR2E034 (11/00)