

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91584 019 ***150.00

DOCUMENT # P00000096423

Entity Name

MATCHMAKER BUSINESS SERVICES, INC.

Principal Place of Business

Mailing Address

328 PIERCE AVE
 CAPE CANAVERAL,
 FL 32920

328 PIERCE AVENUE
 CAPE CANAVERAL
 FL 32920

A0070222

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3687558

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES BAKER
 328 PIERCE AVENUE
 CAPE CANAVERAL, FL 32920

Name

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

City

Zip Code

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

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: D
 NAME: JAMES BAKER
 STREET ADDRESS: 328 PIERCE AVENUE
 CITY-ST-ZIP: CAPE CANAVERAL, FL 32920

☐ Delete

TITLE: D
 NAME: SANDRA DUNN
 STREET ADDRESS: 328 PIERCE AVENUE
 CITY-ST-ZIP: CAPE CANAVERAL, FL 32920

☐ Change ☒ Addition

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

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

I, hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

James Baker

Sandra Dunn

4-29-2001 (321) 783-6264

CE2E03-110-001