

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90139 029 ***150.00

DOCUMENT # P01000000233

1. Entity Name
JR MATRIX, INC.

Principal Place of Business
1605 S CONGRESS AVE
PALM SPRINGS FL 33461

Mailing Address
1605 S CONGRESS AVE
PALM SPRINGS FL 33461



2. Principal Place of Business

3. Mailing Address

2138 East Palma Circle

2138 East Palma Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

65-1066504

Applied For

Not Applicable

Zip

33415

Country

USA

Zip

33415

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIGGIO, JAMES B
1605 S CONGRESS AVE
PALM SPRINGS FL 33461

7. Name and Address of New Registered Agent

Name R.16610 James B

Street Address (P.O. Box Number is Not Acceptable)
2138 East Palma Circle

City West Palm Beach

FL

Zip Code 33415

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 *James B Riggio*

James B Riggio

1.6.02

(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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
RIGGIO, JAMES B
1605 S CONGRESS AVE
PALM SPRINGS FL 33461

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
R.16610 James B
2138 East Palma Circle
West Palm Beach, FL. 33415

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

James B Riggio *1.6.02* *561.436.1777*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)