

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90244 034 ***150.00

DOCUMENT # P01000000501

1. Entity Name
MATTHEW GLEN HOLTON, INC.



Principal Place of Business

**5400 SOUTHERLY WAY
SARASOTA FL 34232**

Mailing Address

**5400 SOUTHERLY WAY
SARASOTA FL 34232**

2. Principal Place of Business

4887 Oak Pointe Way
Suite, Apt. #, etc.

3. Mailing Address

4887 Oak Pointe Way
Suite, Apt. #, etc.

City & State
Sarasota, FL

Zip
34233

Country
USA

City & State
Sarasota, FL

Zip
34233

Country
USA

4. FEI Number **59-3690291**

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

**HOLTON, MATTHEW G
5400 SOUTHERLY WAY
SARASOTA FL 34232**

7. Name and Address of New Registered Agent

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. 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

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HOLTON, MATTHEW G**
STREET ADDRESS **5400 SOUTHERLY WAY**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **D** ☐ Delete
NAME **HOLTON, JAMI L**
STREET ADDRESS **5400 SOUTHERLY WAY**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/03
Date

941-780-6151
Daytime Phone #

CR2E034 (10/02)