

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91836 012 ***150.00

DOCUMENT # P01000007636

1. Entity Name
MAT/COE CORPORATION



Principal Place of Business
390 RACQUET CLUB ROAD UNIT 102
WESTON, FL 33326

Mailing Address
390 RACQUET CLUB ROAD UNIT 102
WESTON, FL 33326

70050889

2. Principal Place of Business
380 RACQUET CLUB ROAD

3. Mailing Address
380 RACQUET CLUB ROAD

Suite, Apt. #, etc.
#104

Suite, Apt. #, etc.
#104

City & State
WESTON FLORIDA

City & State
WESTON FLORIDA

Zip Country
33326-1126 USA

Zip Country
33326-1126 USA

4. FEI Number
65-1071871

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

CHRISTOPHER M NINOS CPA
1600 S. DIXIE HWY, STE 307
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1600 SOUTH DIXIE HIGHWAY

SUITE #503

City
BOCA RATON

FL Zip Code
33432

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 *Christopher M. Ninos C.P.A.*
Signature, typed or printed name of registered agent and title if applicable.

CHRISTOPHER M. NINOS C.P.A.

03-30-03
DATE

(NOTE: Registered Agent signature required when reinstalling)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
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	PTD	<input type="checkbox"/> Delete
NAME	WILLINGHAM, CHARLES C	
STREET ADDRESS	390 RACQUET CLUB ROAD UNIT 102	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	WILLINGHAM, VICKIE L	
STREET ADDRESS	390 RACQUET CLUB ROAD UNIT 102	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES C. WILLINGHAM	
STREET ADDRESS	380 RACQUET CLUB ROAD UNIT #104	
CITY-ST-ZIP	WESTON FLORIDA 33326	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKIE L. WILLINGHAM	
STREET ADDRESS	380 RACQUET CLUB ROAD UNIT #104	
CITY-ST-ZIP	WESTON FLORIDA 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Vickie L. Willingham* Vickie L. Willingham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-2203 954-3899990
Date Daytime Phone #

CR2E034 (10/02)