

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90105 042 ***150.00

DOCUMENT # P01000018101

1. Entity Name

REVAMP CORPORATION

Principal Place of Business

**3026 KILLARNEY DRIVE
 PACE FL 32571**

Mailing Address

**3026 KILLARNEY DRIVE
 PACE FL 32571**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

D046205VILLE, GA

4. FEI Number

52-1944920

Applied For

Not Applicable

Zip

Country

Zip

Country

30135

D046205

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

**MATTUTAT, STEPHEN H
 3026 KILLARNEY DRIVE
 PACE FL 32571**

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

Stephen H. Mattutat

STEPHEN MATTUTAT

4/24/02

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, 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 **D** ☐ Delete
 NAME **MATTUTAT, STEPHEN H**
 STREET ADDRESS **3026 KILLARNEY DRIVE**
 CITY-ST-ZIP **PACE FL 32571**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Stephen H. Mattutat **STEPHEN H. MATTUTAT** **4/24/02** **770-429 8254**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)