2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000018979 **DOCUMENT #**

1. Entity Name



FILED Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90132 012 ***150.00

	ATTHEWS, P.A.							01-27-20	03 90132 0.	12 ***13	0.00
Principal Place of Business 4448 BEECHWOOD LAKE DRIVE NAPLES FL 34112 Mailing Address 4448 BEECHWOOD LAKE DRIVE NAPLES FL 34112							 	i l fil lois i men alm	 	 	idder earl idee
2. Principal	Place of Business	3. Mai	ling Address								
Suite, Apt. #, etc. Suite, Apt. #				ot. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Sta	ite	City	& State			4	. FEI Numbe	^{er} 59-37010	91		pplied For ot Applicable
Zip ≃	Country	Zip		Country 	y 	6	Certificate	of Status Desire	d	8.75 Ad ee Require	ditional ed -
	6. Name and Address of Curren	nt Registere	d Agent			7	. Name and	Address of Nev	v Registered A	gent	
MATTHEV	WS, ELI E			_	Name	-lala (2 *					
4448 BEE	ECHWOOD LAKE DR				Street Ad	adress (P.O	i. Box Numbe	r is Not Accepta	ble)		
NAPLES I							•				
					City				FL	Zip Coo	
8. The above the obliga	e named entity submits this statement ations of registered agent.	for the purp	ose of changing its	registered	office or	registered	agent, or bot	h, in the State of	Florida. I am fa	ımiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered age	nt and title if app	licable. (NOTE	: Registered A	igent signatu	re required whe	en reinstating)	<u> </u>	DATE	· · · ·	
	FILE NOW!!! FEE IS \$150.00						~~~				
		,						ction Campaign			00 May Be
Afte	or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department							ction Campaign st Fund Contribu			00 May Be d to Fees
Afte	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department OFFICERS AN	of State	RS	11.			Tru		tion.	Added	d to Fees
Afte Make Chec 10.	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department OFFICERS AN	of State	RS Delete	11.			Tru	st Fund Contribu	FFICERS AND	Added	d to Fees
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indicated on this report or supplied with this inling does not quarry 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 his 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: