

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90248 041 ***150.00

DOCUMENT # P01000027071

1. Entity Name
MATTHEW D. BORDELON, P.A.

Principal Place of Business

**2721 GULF BREEZE PKWY.
 GULF BREEZE FL 32561**

Mailing Address

**2721 GULF BREEZE PKWY.
 GULF BREEZE FL 32561**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2721 Gulf Breeze Pkwy.

3. Mailing Address

2721 Gulf Breeze Pkwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Gulf Breeze, FL

City & State
Gulf Breeze, FL

4. FEI Number

59-3706437

Applied For

Not Applicable

Zip

Country
U.S.A.

Zip

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BORDELON, MATTHEW D
 2721 GULF BREEZE PKWY.
 GULF BREEZE FL 32561**

7. Name and Address of New Registered Agent

Name **Bordelon, Matthew D**

Street Address (P.O. Box Number is Not Acceptable)
2721 Gulf Breeze Pkwy.

City **Gulf Breeze**

FL

Zip Code
32563

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 **Matthew D. Bordelon**

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

TITLE **D** ☐ Delete
 NAME **BORDELON, MATTHEW D**
 STREET ADDRESS **2721 GULF BREEZE PKWY.**
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Bordelon, Matthew D**
 STREET ADDRESS **2721 Gulf Breeze Pkwy.**
 CITY-ST-ZIP **Gulf Breeze, FL 32563**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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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: **Matthew D. Bordelon** *Matthew D. Bordelon* **4/22/02** **(850) 932-5017**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)