FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 30, 2002 8:00 am Secretary of State **DOCUMENT #** P01000041947 1. Entity Name 05-09-2002 90058 018 ***150.00 MATHES ENTERPRISE CORPORATION Principal Place of Business Mailing Address 90211 5010 NE WALDO RD. STE 68 5010 NE WALDO RD. STE 68 GAINESVILLE FL 32609 GAINESVILLE FL 32609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARR IVEY, RAYMOND M 3426-B NW 43RD ST GAINESVILLE FL 32606 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. BARRY V. MAHLES, SR SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550,00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TIRLE ☐ Change CR2E034 (9/01) Addition NAME MATHES, BARRY NAME STREET ADDRESS 5010 NE WALDO RD, STE 68 5000 NE WALDO RD SUITE STREET ADDRESS CITY-ST-7IP GAINESVILLE FL 32609 CITY-ST-ZIP GAINES VILLE. TITLE JACKUS A. MATHES TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BATIVES VI CITY_ST_7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CFTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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