

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

04-16-2002 90182 030 ***150.00

DOCUMENT # P01000049705

1. Entity Name
MATANZAS OUTDOOR COMPANY

Principal Place of Business 38 LEE DRIVE ST. AUGUSTINE FL 32080-5985	Mailing Address 38 LEE DRIVE ST. AUGUSTINE FL 32080-5985
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3719128	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent YANNI, JOHN B 38 LEE DRIVE ST. AUGUSTINE FL 32080-5985	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YANNI, JOHN B 38 LEE DRIVE ST. AUGUSTINE FL 32080-5985 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LASSITER, CHARLES M 2800 NORTH PONCE DE LEON BLVD. ST. AUGUSTINE FL 32084-1649 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YANNI, ISABEL 1420 NORTH ATLANTIC AVENUE, APT. 1201 DAYTONA BEACH FL 32118-3567 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **Sept. 3 2002** **904-824-4341**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

Matanzas Outdoor Company, Inc.

Attachment

870892
P010000 49705
38 Lee Drive
St. Augustine, Fla. 32080
USA

Phone 904 824 4341

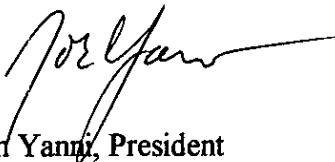
September 03, 2002

Florida Department of State
Division of Corporations
Uniform Business Reports Filing
P.O. Box 1500
Tallahassee, FL 32302

Dear Sir or Madam,

We filed our Uniform Business Report on April 8, 2002 , however I was informed today in a phone conversation with Michelle Milligan in the reinstatement office that the report was not fully filed because the F. E. I. number had been inadvertently omitted. Unfortunately we never received the rejection letter asking for the omitted information . I am now filing a corrected form which includes our F.E.I. number, 59-3719128 . We have already paid the \$150.00 filing fee and I am requesting that you waive any penalty. Thank You .

Sincerely,



John Yanni, President