FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

2007 MAY 31 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000052035

1. Entity Name
MATRIX PERFORMANCE & ACCESSORIES, INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
3056 S. STATE RD 7	3056 S STATE RD 7
Suite, Apt. #, etc. #64	Suite, Apt. #, etc. #64
City & State MIRAMAR, FL	City & State MIRAMAR, FL
Zip 33023 County BROWARD	Zip 33023 County BROWARD

4. FEI Number 65-1110835 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name LLOYD DAVIS

Street Address (P.O. Box Number is Not Acceptable)

~~6054 S~~ 3056 S. STATE RD 7

City MIRAMAR FL Zip Code 33023

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing agent.

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	OWNER / MANAGER
NAME	LLOYD DAVIS
STREET ADDRESS	3056 S. STATE RD 7
CITY-ST-ZIP	MIRAMAR, FL 33023

TITLE	
NAME	
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CITY-ST-ZIP	

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06/08/07--01018--006 **150.00

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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