FILED
Jun 10, 2002 8:00 am
Secretary of State
05-14-2002 90069 009 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000075596

1. Entity Name
MATTPAUL, INC.

DO NOT WRITE IN THIS SPACE

[redacted]

93104

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: ~~2621 - A Pine Lake Terr.~~	3. Mailing Address: ~~2621 - A Pine Lake Terr.~~
Suite, Apt. #, etc.: 910 Cattlemen Road	Suite, Apt. #, etc.: 910 Cattlemen Road
City & State: Sarasota, , FL	City & State: Sarasota, FL
Zip: 34232 Country: USA	Zip: 34232 Country: USA

4. FEI Number: 65-1130502 — ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: ~~Nicholas P. Sardelis, Esq.~~ JOHN LUONG
Street Address (P.O. Box Number is Not Acceptable): ~~2033 Main St., Ste. 502~~ 910 Cattlemen Road
City: Sarasota FL Zip Code: ~~34237~~ 34232

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: [signature] 6/6/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Director John N. Luong 2621-A Pine Lake Terr. Sarasota, FL 34237	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President/Director Lin Luong 2621-A Pine Lake Terr. Sarasota, FL 34237	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/26/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #