

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90413 035 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000079468 ✓
1. Entity Name Tricia Matthews, INC.

DO NOT WRITE IN THIS SPACE

TAX ID Space
 Too small
59-3744995

2. Principal Place of Business
605-3 South Dakota Ave.
City & State Tampa FL
Zip 33606 **Country** FLA

3. Mailing Address
Same
City & State
Zip 33606 **Country**

DO NOT WRITE IN THIS SPACE
TAX Payer ID #
4. FEI Number 59-3744995
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 Tricia Matthews
Street Address (P.O. Box Number is Not Acceptable) 605-3 South Dakota Avenue
City Tampa FL 33606

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 Patricia Matthews (AKA. Tricia Matthews) 4/30/02
Signature, type or print name of registrant, agent, and state of application

9. This corporation is eligible to satisfy its intangible tax (filing requirements and elects to do so. (See criteria on back)) ☐ 7.27

January 1 - May 1. Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☒ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS

TITLE Tricia Matthews, INC.
NAME 605-3 South Dakota Ave.
STREET ADDRESS
CITY-ST-ZIP

TITLE Tampa, FL 33606
NAME (Same) --- self employed
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Patricia S. Matthews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

AKA. "Tricia Matthews, REGT."

CR2E034B (12/01)