

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90374 039 ***150.00

DOCUMENT # P01000089363

1. Entity Name

SHANE MATTHEWS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3527 SW 92ND STREET

Suite, Apt. #, etc.

3. Mailing Address

3527 SW 92ND STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

4. FEI Number

59-3756360

Applied For

Not Applicable

Zip

32608

Country

ALACHUA

Zip

32608

Country

ALACHUA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RONALD E. PEREZ, JR, ESQUIRE

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

2124 WEST KENNEDY BOULEVARD, SUITE A

City

TAMPA

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☒

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

14. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T STEPHANIE MATTHEWS 3527 SW 92ND STREET GAINESVILLE, FL 32608	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/S SHANE MATTHEWS 3527 SW 92ND STREET GAINESVILLE, FL 32608	TITLE NAME STREET ADDRESS 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)(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 13 on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephanie Matthews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02
Date

352-332-1202
Daytime Phone #