2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

Principal Place of Business

E. C. MATTAIR, INCORPORATED

1. Entity Name

CITY-ST-TITLE NAME STREET ADDRESS

CMY-ST-ZIP

STREET ADDRESS

TITLE

NAME

P01000112524

Mailing Address

FILED Jun 02, 2003 8:00 am **Secretary of State**

05-02-2003 90244 029 ***158.75

55045848

3033 SUTTON LAKELAND FL		3033 Sutton Rd. Lakeland Fl 33810				
2. Principal Place of Business		3. Mailing Address		1 LUGINGOK HI BALOK KIBIK BUTIN DUNIK DILIKI KIDIK KIBIK KIBIK KIBIK BIRAK DIBU KUBIN		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number APPLIED FOR Applied For Not Applied For	e i	
Zip	Country	Zip	Country	Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Curr	rent Registered Agent		7. Name and Address of New Registered Agent	7	
			Name		٦	
MATTAIR, EMILY			Street Adv	dress (P.O. Box Number is Not Acceptable)		
3033 SUTTON RD.			Sileet Au	oress (P.O. Box Number is Not Acceptable)	1	
LAKELANI	D FL 33810				7	
			City	EL Zip Code	-	
8 The above					4 .	
the obligati	ions of registered agent.	ut tot the burbose of custifued its	registered onice or r	registered agent, or both, in the State of Florida. I am familiar with, and accept	}	
SIGNATURE .	Signature, typed or printed name of registered a	spent and fills if annilinable (SUCT)	E: Registered Agent signature	e required when reinstating) DATE		
		- Inc.	C. vagatoso Agant signatur	s office men available	4	
	ILE NOW!!! FEE IS \$150.00	00		9. Election Campaign Financing \$5.00 May Be		
	r May 1, 2003 Fee will be \$550. r Payable to Florida Departmen	[Trust Fund Contribution. Added to Fees	1	
10.	<u> </u>	AND DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	4	
TITLE	D	☐ Delete	TITLE	Change Addition	বিজ	
NAME (1	MATTAIR, EMILY		NAME	Change [] Nushibi	8	
STREET ADDRESS	3033 SUTTON RD.		STREET ADDRESS	• •	1=	
CITY-ST-ZIP	LAKELAND FL 33810		CITY-ST-ZIP		18	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	CR2E034 (10/02)	
NAME .			NAME		10	
STREET ADDRESS			STREET ADDRESS	· ·	}	
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NAME	·		NAME			
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			-		4	
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NAME STREET ADDRESS			NAME STREET ADDRESS	•	1	
CITY-ST-ZIP			CITY-ST-ZIP		1	
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MAME		r_1 celete	OIGE DOME	Change ☐ Addition		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: _

BIGNATURE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Delete

☐ Change

Addition