

Amended

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000061730

1. Entity Name
K-MATT ENTERPRISES, INC.Principal Place of Business
19707 79TH AVENUE EAST
BRADENTON, FL 34202Mailing Address
19707 79TH AVENUE EAST
BRADENTON, FL 34202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0704291

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PREWETT, DANIEL L
6777 BENEVA ROAD SOUTH
SARASOTA, FL 34233

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	WILSON, MATTHEW B	
STREET ADDRESS	19707 79TH AVENUE EAST	
CITY-ST-ZIP	BRADENTON, FL 34202	

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GEWEYE, KEVIN D	
STREET ADDRESS	19707 79TH AVE. EAST	
CITY-ST-ZIP	BRADENTON, FL 34202	

TITLE	ST	<input type="checkbox"/> Delete
NAME	GEWEYE, CAROLYN M	
STREET ADDRESS	19707 79TH AVE. EAST	
CITY-ST-ZIP	BRADENTON, FL 34202	

TITLE	C	<input type="checkbox"/> Delete
NAME	WRIGHT, VIRGINIA L	
STREET ADDRESS	19707 79TH AVE. E	
CITY-ST-ZIP	BRADENTON, FL 34202	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carolyn Geweye, Sec.

04-09-03 (941)322-0284

Date

Daytime Phone #

CR2E034 (10/02)

21 4/17