

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-25-2003 90141 003 ***150.00

DOCUMENT # P02000088946

1. Entity Name
MATHEWS, INC.



Principal Place of Business
**310 EAST HENSCHEN AVE
PO BOX 161
OAKLAND FL 34760**

Mailing Address
**310 EAST HENSCHEN AVE
PO BOX 161
OAKLAND FL 34760**

55040604



2. Principal Place of Business

14019 W Colonial Dr.

Suite, Apt. #, etc.

3. Mailing Address

14019 W Colonial Dr.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Winter Garden, FL

City & State

Winter Garden, FL

4. FEI Number

33-1019481

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATHEWS, CAROLYN J
310 EAST HENSCHEN AVE
OAKLAND FL 34760**

Name

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

City

FL

Zip Code

8. I, the above named entity, submit 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.

Carolyn J Mathews

SIGNATURE

Carolyn J Mathews Pres

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

(NOTE: Registered Agent signature required when reappointing)

DATE

5/13/03

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 **D** ☐ Delete
NAME **BLOOM, MELINDA**
STREET ADDRESS **PO BOX 364**
CITY-ST-ZIP **OAKLAND FL 34760**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MATHEWS, CAROLYN J**
STREET ADDRESS **310 EAST HENSCHEN AVE, PO BOX 161**
CITY-ST-ZIP **OAKLAND FL 34760**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *X*

CAROLYN J MATHEWS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/02)