FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 21, 2003 8:00 am Secretary of State P02000096489 DOCUMENT # 04-21-2003 90344 026 ***150.00 1. Entity Name MATHEWS HOLDING CORP. Principal Place of Business Mailing Address 408 SOUTH KINGSWAY ROAD 408 SOUTH KINGSWAY ROAD SEFFNER FL 33584 SEFFNER FL 33584 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 05-0529733 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IGLER & DOUGHERTY, P.A. Street Address (P.O. Box Number is Not Acceptable) 500 NORTH WESTSHORE BOULEVARD **SUITE 1010 TAMPA FL 33609** City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President TITLE ☐ Delete TITLE Ottavio NAME NAME 2334 village Green Blud. STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP 3 CITY-ST-ZIP Plant Citi TITLE ☐ Delete TITLE Saltamonte Dr. NAME NAME STREET ADDRESS STREET ADDRESS New Port Richar FL 34455 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change 917 Lakemont Hills Blue NAME NAME STREET ADDRESS STREET ADDRESS Brandon, EL 33510 CITY-ST-ZIP CITY-ST-ZIP Treuburer Vice President TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME Robert Furu STREET ADDRESS STREET ADDRESS 408 3. Kinggway CITY-ST-7IP CITY-ST-ZIP seffner FL 33584 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

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 leport 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 trudes 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 1

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

Addition