

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2003 8:00 am
Secretary of State

9/5/

09-05-2003 90114 004 ***550.00

DOCUMENT # P02000118735

1. Entity Name
THE MTF GROUP INC.



Principal Place of Business
**6413 ASTOR VILLAGE AVENUE #109
ORLANDO FL 32835**

Mailing Address
**6413 ASTOR VILLAGE AVENUE #109
ORLANDO FL 32835**

55056819

2. Principal Place of Business
**6413 ASTOR VILLAGE AVE
Suite, Apt. #, etc.
APT #109**

3. Mailing Address
**6413 ASTOR VILLAGE AVE
Suite, Apt. #, etc.
APT #109**

☐ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FLORIDA
Zip
32835
Country
USA

City & State
ORLANDO, FLORIDA
Zip
32835
Country
USA

4. FEI Number
06-1660304
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FREEMAN, MATTHEW T
6413 ASTOR VILLAGE AVENUE #109
ORLANDO FL 32835**

7. Name and Address of New Registered Agent

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 *Matthew Freeman* (NOTE: Registered Agent signature required when reinstating) DATE 9/1/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-----------|--------------|-----------------------------|-------------------|--------------------------|
| PRESIDENT | MATT FREEMAN | 6413 ASTOR VILLAGE AVE #109 | ORLANDO, FL 32835 | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|--|------|----------------|-------------|--------|----------|
| TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>Change</td> <td>Addition</td> | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
| TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>Change</td> <td>Addition</td> | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
| TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>Change</td> <td>Addition</td> | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
| TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>Change</td> <td>Addition</td> | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
| TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>Change</td> <td>Addition</td> | NAME | STREET ADDRESS | CITY-ST-ZIP | 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.

SIGNATURE: *Matthew Freeman* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/03 Date

321-231-2537 Daytime Phone #

CR2E034 (4/03)