

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

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90029 049 ***150.00

DOCUMENT # <i>P03000 119928</i>	
1. Entity Name	
JMATHIS CONTRACTING INC	

DO NOT WRITE IN THIS SPACE

60007226

2. Principal Place of Business 1784 HOLLOW GLEN DR Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIDDLEBURG, FL		City & State		4. FEI Number 01-0801604	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 32068	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MATHIS, JOHN A.	
Street Address (P.O. Box Number is Not Acceptable) 1784 HOLLOW GLEN DR	
City MIDDLEBURG	FL
Zip Code 32068	

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 *John A. Mathis* **JOHN A. MATHIS, DIRECTOR** **1-18-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS, JOHN A. 1784 HOLLOW GLEN DR MIDDLEBURG, FL 32068
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *John A. Mathis* **JOHN A. MATHIS** **1-18-07** **904 993-3180**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**