


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

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90067 016 \*\*\*150.00

<b>DOCUMENT #</b> 1. Entity Name <b>P03000146515</b> <b>MATTHEWS ELECTRIC, INC.</b>	
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**DO NOT WRITE IN THIS SPACE**

**24002385**

2. Principal Place of Business <b>Route 6, Box 384-J</b> Suite, Apt. #, etc.	3. Mailing Address <b>Post Office Box 1911</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>Lake City, FL 32025</b>	City & State <b>Lake City, FL</b>	4. FEI Number <b>20-0473496</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32025</b>	Country <b>US</b>	Zip <b>32056</b>	Country <b>US</b>

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


**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Marcus James Matthews**  
Street Address (P.O. Box Number is Not Acceptable)  
**Route 6, Box 384-J**

City  
**Lake City** **FL** Zip Code  
**32025**

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  **Marcus James Matthews, President**  
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**  
**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 <b>President</b>	NAME <b>Marcus James Matthews</b>	TITLE	NAME
STREET ADDRESS <b>Route 6, Box 384-J</b>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <b>Lake City, Florida 32025</b>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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IN THIS SPACE**

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:  **Marcus James Matthews** **386-755-3919**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)