

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

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90058 035 ***150.00

DOCUMENT # P04000119670

1. Entity Name

MATHERS INVESTIGATIONS, INC.



DO NOT WRITE IN THIS SPACE

40040374

2. Principal Place of Business
11561 Southwest 12 Court

Suite, Apt. #, etc.

3. Mailing Address
same

Suite, Apt. #, etc.

City & State
Davie, Florida

City & State

4. FEI Number 02-0729719

Applied For
Not Applicable

Zip
33325

Country
United States

Zip

Country

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 SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22 Street, 4th Floor

City Miami

FL

Zip Code
33145

**DO NOT WRITE
IN THIS SPACE**

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.

(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 NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
PSTD Patrick Mathers 11561 Southwest 12 Court Davie, Florida 33325	

**DO NOT WRITE
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:

Patrick Mathers

Patrick Mathers, President

03/23/05

954-608-4321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #