

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

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90140 013 ***150.00

DOCUMENT # #P27336
1. Entity Name
924 WEXFORD BLVD CORP

DO NOT WRITE IN THIS SPACE

50003388

2. Principal Place of Business 924 WEXFORD BLVD Suite, Apt. #, etc. 924	3. Mailing Address 5036 JERICHO TPK Suite, Apt. #, etc. 300
City & State VENICE, FL 34293	City & State COMMACK, NEW YORK
Zip 34293	Zip 11725
Country US	Country US

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DO NOT WRITE IN THIS SPACE	4. FEI Number 11-2985942		Applied For <input checked="" type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name MATTHEWS, THOMAS J Street Address (P.O. Box Number is Not Acceptable) 924 WEXFORD BLVD City SARASOTA FL Zip Code 34230-6948		

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  **THOMAS J. MATTHEWS** **3/13/06**
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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS J. MATTHEWS J. 412 FIELDSTONE DR VENICE, FL
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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  **THOMAS J. MATTHEWS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/06 **941-493-0441**
Date Daytime Phone #