

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT #	P27336
1. Entity Name	
924 WEXFORD BLVD CORP	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5036 JERICHO TPK		5036 JERICHO TPK	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
300			
City & State		City & State	
COMMACK, NY		COMMACK, NY	
Zip	Country	Zip	Country
11725	USA	11725	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
11-2985942	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

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7. Name and Address of Current Registered Agent	
Name	
THOMAS J. MATTHEWS	
Street Address (P.O. Box Number is Not Acceptable)	
924 WEXFORD BLVD	
City	Zip Code
SARASOTA	FL 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, 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	PRESIDENT
NAME	THOMAS J. MATTHEWS
STREET ADDRESS	924 WEXFORD BLVD
CITY-ST-ZIP	SARASOTA, FL 34230
TITLE	TREAS/DIRECTOR
NAME	THOMAS J. MATTHEWS
STREET ADDRESS	924 WEXFORD BLVD
CITY-ST-ZIP	SARASOTA, FL 34230
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11.

TITLE	
NAME	
STREET ADDRESS	300146067993
CITY-ST-ZIP	09/18/09-01003-033 **\$150.00
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(l), 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

Date

Daytime Phone #