

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03

FILED

03 JUN 19 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P34035

1. Entity Name
MATRIX SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7550 PARAGON ROAD
Suite, Apt. #, etc.

3. Mailing Address
7550 PARAGON ROAD
Suite, Apt. #, etc.

City & State
DAYTON OH

City & State
DAYTON OH

Zip
45459

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-0902711

Applied For
☐ Not Applicable

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
LEE LEVENSON

Street Address (P.O. Box Number is Not Acceptable)
2560 N.E. 208TH TERRACE

City
MIAMI

FL **Zip Code**
33180

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	P/T ROBERT S. DORFMAN 7550 PARAGON ROAD DAYTON, OH 45459	TITLE NAME STREET ADDRESS CITY - ST - ZIP	70002102903T 06/23/03-01119-007 **\$550.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BARBARA J. CARMAN 7550 PARAGON ROAD DAYTON, OH 45459	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(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: Barbara J. Carman Barbara J. Carman Director 6/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

21 6/11/03

CR2E034B (12/02)