

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90169 001 ***150.00

DOCUMENT # P93000024630

1. Entity Name

TIM MATHER, INC.

Principal Place of Business

**1925 NW 15 ST
 POMPANO BCH FL 33069
 US**

Mailing Address

**4944 ROTHSCHILD DR
 CORAL SPRINGS FL 33067**

2. Principal Place of Business

3. Mailing Address

6510 NW 95 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Parkland FL

4. FEI Number

65-0388140

Applied For

Not Applicable

Zip

Country

Zip

Country

330762313

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATHER, TIMOTHY B
 4944 ROTHSCHILD DR
 CORAL SPRINGS FL 33067**

Name

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

6510 NW 95 Lane

Parkland

City

FL

Zip Code

33076

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DPS**
 STREET ADDRESS **MATHER, TIMOTHY B**
 CITY-ST-ZIP **4944 ROTHSCHILD DR**
CORAL SPRINGS FL 33067

TITLE ☒ Change ☐ Addition
 NAME **6510 NW 95 Lane**
 STREET ADDRESS **Parkland FL 33076-2313**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VDT**
 STREET ADDRESS **MATHER, SANDRA A**
 CITY-ST-ZIP **4944 ROTHSCHILD DR**
CORAL SPRINGS FL 33067

TITLE ☒ Change ☐ Addition
 NAME **6510 NW 95 Lane**
 STREET ADDRESS **Parkland, FL 33076-2313**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra A. Mather
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/02 954-969-0208
 Date Daytime Phone #

CR2E034 (9/01)