

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90043 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P93000070722**

1. Entity Name  
**MATTHEWS CONSTRUCTION, INC.**

Principal Place of Business

RT 2 BOX 5918  
 SANTA FE ROAD  
 FT WHITE FL 32038  
 US

Mailing Address

PO BOX 1296  
 LAKE CITY FL 32056  
 US

2. Principal Place of Business

1806 SW Santa Fe Dr.  
 Suite, Apt. #, etc.

3. Mailing Address

1806 SW Santa Fe Dr.  
 Suite, Apt. #, etc.

City & State

Fort White, FL

City & State

Fort White, FL

4. FEI Number

59-3210966

Applied For

Not Applicable

Zip

32038

Country

US

Zip

32038

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, THOMAS S  
 RT 2 BOX 5918  
 FT WHITE FL 32038

*Same location  
 Post Office  
 assigned new 911  
 address.*

7. Name and Address of New Registered Agent

Name

*Same*

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

1806 SW Santa Fe Dr.

City

Ft. White

FL

Zip Code

32038

8. The above named entity submits this

Statement of the registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Thomas S*

*Thomas S. Matthews*

4-26-02

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

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **MATTHEWS, THOMAS S**  
 CITY-ST-ZIP **RT 2 BOX 5918**  
**FT WHITE FL 32038**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

*Thomas S. Matthews*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

Date

386-497-4762

Daytime Phone #

CR2E034 (9/01)