

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90402 032 ***150.00

DOCUMENT # P94000021246

1. Entity Name
MEDICAL ARTS BUILDING, INC.

Principal Place of Business **Mailing Address**
1000 U.S. 27 NORTH **1000 U.S. 27 NORTH**
HAINES CITY FL 33844 **HAINES CITY FL 33844**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
3843 W. LAKE HAMILTON DR. **3843 W. LAKE HAMILTON DR.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
WINTER HAVEN, FL 33881-8223 **WINTER HAVEN, FL**
33881-8223 **USA** **33881-8223** **USA**

4. FEI Number **Applied For**
59-3230434 **Not Applicable**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MATHEWS, EDWARD D
1000 U.S. 27 NORTH
HAINES CITY FL 33844

7. Name and Address of New Registered Agent
Name **EDWARD D. MATHEWS**
Street Address (P.O. Box Number is Not Acceptable)
3843 W. LAKE HAMILTON DR.
City **WINTER HAVEN, FL** **Zip Code** **33881-8223**

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 *Edward D. Mathews* **EDWARD D. MATHEWS** **4/11/02**
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.
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD MATHEWS, EDWARD D. 1000 US 27 N HAINES CITY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALKER, ROBERT C. 1000 US 27 NORTH HAINES CITY FL 33844 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3843 W. LAKE HAMILTON DR. WINTER HAVEN, FL 33881-8223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3843 W. LAKE HAMILTON DR. WINTER HAVEN, FL 33881-8223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Edward D. Mathews* **EDWARD D. MATHEWS** **4/11/02** **(863)294-9336**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8831593
 d/s

CR2E034 (9/01)