

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90280 010 ***158.75

0535552

DOCUMENT # P94000053858

1. Entity Name

TONI MATISON & ASSOCIATES, INC.

Principal Place of Business

~~2711 FIRST STREET, SUITE 501~~
~~FORT MYERS FL 33916~~

(see change)

Mailing Address

~~2711 FIRST STREET, SUITE 501~~
~~FORT MYERS FL 33916~~

(see change)

2. Principal Place of Business

2022 SE, 12th Terrace

Suite, Apt. #, etc.

3. Mailing Address

2022 S.E. 12th Terrace

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cape Coral, Florida

Zip

33990

Country

USA

City & State

Cape Coral, Florida

Zip

33990

Country

USA

4. FEI Number

65-0506621

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATISON, TONA

~~2711 FIRST STREET, SUITE 501~~ change →
~~FORT MYERS FL 33916~~

7. Name and Address of New Registered Agent

Name **Tona Matison**

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

2022 S.E. 12th Terrace

City

Cape Coral,

Zip Code

33990

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, 2001 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 **PSD** ☐ Delete
NAME **MATISON, TONA**
STREET ADDRESS **2711 FIRST STREET, SUITE 501**
CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE **TD** ☐ Delete
NAME **HORN, HARRY**
STREET ADDRESS **2711 FIRST STREET, SUITE 501**
CITY-ST-ZIP **FORT MYERS FL 33916**

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 **PSD** ☒ Change ☐ Addition
NAME **Matison, Tona**
STREET ADDRESS **2022 SE 12th Terrace**
CITY-ST-ZIP **Cape Coral, FL. 33990**

TITLE **TD** ☒ Change ☐ Addition
NAME **Horn, Harry**
STREET ADDRESS **2022 SE 12th Terrace**
CITY-ST-ZIP **Cape Coral, FL. 33990**

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
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 **Tona M. Matison (Tona M. Matison)** 4-15-01 (941)242-2208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)