

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90029 030 ***158.75

DOCUMENT # P95000064208

1. Entity Name

MATTHEW TRANSPORT INC.

Principal Place of Business

Mailing Address

PO BOX 1477
 HAINES CITY FL 33845

PO BOX 1477
 HAINES CITY FL 33845-1477

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3331341

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEARCE, KEVIN
150 COUNTY ROAD 546 W
LAKE HAMILTON FL 33851

Name

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

City

FL

Zip Code

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D PEARCE, KEVIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS PO BOX 1477 N/A		
	CITY-ST-ZIP HAINES CITY FL 33845		
<input type="checkbox"/> Delete	D PEARCE, WARREN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS PO BOX 1477 N/A		
	CITY-ST-ZIP HAINES CITY FL 33845		
<input type="checkbox"/> Delete	D PEARCE, PATTY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS PO BOX 1477 N/A		
	CITY-ST-ZIP HAINES CITY FL 33845		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS		
	CITY-ST-ZIP		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS		
	CITY-ST-ZIP		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

863-439-7691

Daytime Phone #

CR2E034 (9/99)