

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90091 049 ***150.00

DOCUMENT # P96000066745

1. Entity Name
MATTHEW'S STUCCO & PLASTERING, INC.

Principal Place of Business
**1906 40TH TERR SW
 NAPLES FL 34116
 US**

Mailing Address
**1906 40TH TERR SW
 NAPLES FL 34116
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0694327		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
STEAWRT, JAMES C JR 2121 COUNTY RD 951, SUITE 101 GOLDEN GATE FL 34116-6543				Name MATTHEW, HENRICK			
				Street Address (P.O. Box Number is Not Acceptable) 1431, 29th ST. SW			
				City NAPLES FL Zip Code 34117			

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 *Henrick Matthew* *HENRICK MATTHEW, President*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATTHE, TIMOTHY F			NAME			
STREET ADDRESS	1739 55TH TERRACE SW			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34116			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATTHEW, SABINE			NAME			
STREET ADDRESS	1739 55TH TERRACE SW			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34116			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATTHEW, HENRICK			NAME	MATTHEW, HENRICK		
STREET ADDRESS	1739 55TH TERRACE SW			STREET ADDRESS	1431, 29th ST. SW		
CITY-ST-ZIP	NAPLES FL 34116			CITY-ST-ZIP	NAPLES FL 34117		
TITLE	D	<input type="checkbox"/> Delete		TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATTHEW, LEONA			NAME	MATTHEW, LEONA		
STREET ADDRESS	1739 55TH TERRACE SW			STREET ADDRESS	1431, 29th ST. SW		
CITY-ST-ZIP	NAPLES FL 34116			CITY-ST-ZIP	NAPLES, FL 34117		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KINSLEY, MATTHEW			NAME	MATTHEW, KINSLEY		
STREET ADDRESS	670 6TH STREET NE			STREET ADDRESS	670, 6th ST. N.E		
CITY-ST-ZIP	NAPLES FL 34120			CITY-ST-ZIP	NAPLES, FL 34120		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Leona Matthew* *LEONA MATTHEW S/T/D*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date *4/23/01* (941) *455-4200*

0399266

CR2E034 (10/00)