2000 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2000 8:00 am Secretary of State DOCUMENT # **P96000068712** MATRIX CONSTRUCTION, INC. 05-05-2000 90012 032 ***158.75 Principal Place of Business Mailing Address 13925 HAYWARD PLACE 18925-HAYWARD PLACE TAMPA PL 33624-4413 Tampa-FL 33624 2. Principal Place of Business 3. Mailing Address 11737 11737-LIDSE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite-Act:#-et Applied For City & State 4. FEI Number City & State NOT APPLICABLE Not Applicable IOMPO Tames \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required ()SA 33618 <u>33618</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRYANT, JEFFREY G Street Address (P.O. Box Number is Not Acceptable) 13925 HAYWARD PLACE pezai TAMPA FL 33624 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. nt and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or prin 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PD / ☐ Delete Change TITLE TITLE BRYANT, ANGELA NAME 11737 Lipson Rd 19925 HAYWARD PLACE STREET ADDRESS STREET ADDRESS TAMPA FL 33624 CITY-ST-ZIP Tama FL 33618 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME 1. 15° 11 - m 2 15 STREET ADDRESS the second to be keep 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 suppremental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 in changed, or on an attachment with an address, with all other like empowered. accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director exedute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if there ike empowered. SIGNATURE: