

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051308

1. Entity Name
MATZKE TRIM, INC.

R

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90034 020 ***150.00

Principal Place of Business

3032 LLOYD DRIVE
HOLIDAY FL 34691

Mailing Address

3032 LLOYD DRIVE
HOLIDAY FL 34691

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 **59-3454235**

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

MATZKE, DENEEN
3032 LLOYD DRIVE
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P** ☐ Delete
NAME **MATZKE, FORREST**
STREET ADDRESS **3032 LLOYD DR**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **VP** ☐ Delete
NAME **MATZKE, DENEEN**
STREET ADDRESS **3032 LLOYD DR**
CITY-ST-ZIP **HOLIDAY FL 34691**

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 ☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-28-00 (727) 849-8561

CR2E034 (5/00)

Attachment P97000051308
130104189

Matzke Trim, Inc.
3032 Lloyd Dr.
Holiday, Fl. 34691
(727)849-8561

July 25, 2000

Dear Uniform Business Report;

I'm sending this letter along with my filing fee of 150.00. I called to let you know that I did not receive the first notice that was due back in Apr/May. When the second notice came, that's when I realized I didn't get it. I went to my accountant and we went through my work and checkbook ledger. Everything else that was due at that same time period had been paid. My accountant reviews all forms due and the first notice for my UBR was not found.

Please take this into consideration. I've never not made a payment when a fee for filing is due.

Sincerely,



Deneen Matzke
Matzke Trim, Inc.