3-12-02 941-765-4884 Davima Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 15, 2001 8:00 am DOCUMENT # P97000096209 **Secretary of State** THE MATCHBOX, INC. 03-15-2001 90216 046 ***150.00 Principal Place of Business Mailing Address 1750 ESTERO BLVD 1750 ESTERO BLVD FT MYERS BEACH FL 33931 FT MYERS BEACH FL 33931 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 65-0796021 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAROSA, STEPHEN R Street Address (P.O. Box Number is Not Acceptable) 1750 ESTERO BLVD FT MYERS BEACH FL 33931 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition R2E034 (10/00) LAROSA, STEPHEN R NAME NAME 1750 ESTERO BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS BEACH FL 33931 CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE LAROSA, PETER NAME NAME **624 SEABREEZE BLVD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Director Change **Addition** Vincent LAROSA NAME NAME 1750 ESTERO BLOD STREET ADDRESS STREET ADDRESS FL MYERS BEACH, FL. 33931 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TiTi F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

SIGNING OFFICER OR DIRECTOR