

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2003 8:00 am
Secretary of State

06-10-2003 90035 024 ***550.00

DOCUMENT # P97000098313

1. Entity Name
MATRIX COMPLIANCE SERVICES, INC.



Principal Place of Business
**3520 NW 43RD ST
GAINESVILLE FL 32606
US**

Mailing Address
**3520 NW 43RD ST
GAINESVILLE FL 32606
US**



2. Principal Place of Business
2622 NW 43rd St
Suite, Apt., #, etc.
Suite C-4

3. Mailing Address
2622 NW 43rd St
Suite, Apt., #, etc.
Suite C-4

City & State
Gainesville, FL

City & State
Gainesville, FL

4. FEI Number
59-3488291

Applied For
Not Applicable

Zip
32606 Country
US

Zip
32606 Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEAN, DOUGLAS PE
13010 NW 112TH AVENUE
ALACHUA FL 32615**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Doug Pe Dean*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

06/08/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DEAN, DOUGLAS**
STREET ADDRESS **13010 NW 112TH AVE**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Doug Pe Dean*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/08/03 352-377-9070
Date Daytime Phone #

CR2E034 (10/02)