2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
04-10-2001 90143 007 ***150.00

UUUJJJ44

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000100730

1. Entity Name
MATTHEW D. ELLROD, P.A.

Principal Place of Business	Mailing Address
5901 US 19 SUITE 7E NEW PORT RICHEY FL 34652 US	5901 US 19 SUITE 7E NEW PORT RICHEY FL 34652 US

2. Principal Place of Business		3. Mailing Address	
9732 LITTLE ROAD		9732 LITTLE ROAD	
Suite, Apt. #, etc.: SUITE 8		Suite, Apt. #, etc.: SUITE 8	
City & State: NEW PORT RICHEY, FL		City & State: NEW PORT RICHEY, FL	
Zip: 34654	Country: PASCO	Zip: 34654	Country: PASCO

4. FEI Number 59-3480314 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELLROD, MATTHEW D 5901 US 19 SUITE 7E NEW PORT RICHEY FL 34652	Name Street Address (P.O. Box Number is Not Acceptable): 9732 LITTLE ROAD SUITE 8 City: NEW PORT RICHEY FL Zip Code: 34654

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: Matthew D Ellrod   1-9-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 $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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLROD, MATTHEW D 1215 WISPER RUN COURT LUTZ FL 33549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: Matthew D Ellrod   1-9-01   727-843-0566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #