2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90091 048 ***150.00

DOCUMENT # P97000100730

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

11008353

Principal Place of Business	Mailing Address
9732 LITTLE ROAD	9732 LITTLE ROAD
SUITE 8	SUITE 8
NEW PORT RICHEY FL 34654	NEW PORT RICHEY FL 34654
US	US

2. Principal Place of Business	3. Mailing Address
6642 ROWAN ROAD	6642 ROWAN ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW PORT RICHEY, FL	City & State: NEW PORT RICHEY, FL
Zip: 34653 Country:	Zip: 34653 Country:

☐ CHECK HERE IF MAKING CHANGES

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

ELLROD, MATTHEW D
9782 LITLE ROAD
SUITE 8
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name: (SAME)
Street Address (P.O. Box Number is Not Acceptable): 6642 ROWAN ROAD
City: NEW PORT RICHEY FL Zip Code: 34653

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: Matthew D Ellrod DATE: 1-22-03
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
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELLROD, MATTHEW D 1215 WISPER RUN COURT LUTZ FL 33558 ☐ 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	S LOUISE D. ELLROD 1215 WISPER RUN COURT LUTZ FL 33558 ☐ Change ☑ Addition
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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: Matthew D. Ellrod — 1-22-03 — 727-843-0566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)