

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90068 050 \*\*\*150.00

**DOCUMENT # P98000008339**

1. Entity Name

**MATRIX CORPORATE SERVICES, INC.****C0059401**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**982 LEMONGRASS LANE  
WEST PALM BEACH FL 33414****982 LEMONGRASS LANE  
WEST PALM BEACH FL 33414-8260**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0834123**

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

**HALL, ROBERT K  
982 LEMONGRASS LANE  
WEST PALM BEACH FL 33414**

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 \$150.00**  
**After MAY 1, 2000 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 **P** ☐ Delete  
NAME **HALL, ROBERT**  
STREET ADDRESS **982 LEMONGRASS LA**  
CITY-ST-ZIP **WETTINGTON FL 33414**TITLE **P** ☒ Change ☐ Addition  
NAME **Hall, Robert K.**  
STREET ADDRESS **982 Lemongrass Lane**  
CITY-ST-ZIP **Wellington, FL 33414**TITLE **VP** ☐ Delete  
NAME **LUCINDA, MAY**  
STREET ADDRESS **1501 AVE C**  
CITY-ST-ZIP **RIVERA BEACH FL 33404**TITLE **V** ☒ Change ☐ Addition  
NAME **May, Lucinda L.**  
STREET ADDRESS **1118 Green Pine Blvd. - G1**  
CITY-ST-ZIP **West Palm Beach, FL 33409**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **V** ☒ Change ☐ Addition  
NAME **Maxwell, Elizabeth A.**  
STREET ADDRESS **2045 Vining Circle - Apt. 601**  
CITY-ST-ZIP **Wellington, FL 33414**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 #

**4-5-00 561-753-2222**

CR2E034 (9/99)

attach  
C0059407  
#P98000008339

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000008339</b> 1. Corporation Name <b>MATRIX CORPORATE SERVICES, INC.</b>			
Principal Place of Business 982 LEMONGRASS LANE WEST PALM BEACH FL 33414		Mailing Address 982 LEMONGRASS LANE WEST PALM BEACH FL 33414	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
9. Name and Address of Current Registered Agent <b>HALL, ROBERT K</b> <b>982 LEMONGRASS LANE</b> <b>WEST PALM BEACH FL 33414</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>12. OFFICERS AND DIRECTORS</b> TITLE NAME STREET ADDRESS CITY-ST-ZIP President Robert K. Hall 982 Lemongrass La Wellington, FL 33414 Vice President Lucinda L. May 1501 Ave. C Riviera Beach, FL 33404 Vice President Elizabeth A. Maxwell 12648 82nd St. North West Palm Beach, FL 33412		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 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

4-14-99 561-753-2222

Date

Daytime Phone

CR2E034 (11/98)