

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90271 039 ***150.00

0654875 AV

DOCUMENT # P98000046908

1. Entity Name
MATHIAS PAINTING & HOME SERVICES, INC.



Principal Place of Business
**1820 NAUTILUS DRIVE
SARASOTA FL 34231**

Mailing Address
**1820 NAUTILUS DRIVE
SARASOTA FL 34231**

2. Principal Place of Business
1820 Nautilus Drive

Suite, Apt. #, etc.

3. Mailing Address
1820 Nautilus Drive

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip
34231

Country
USA

Zip
34231

Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0867494**

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

**MATHIAS, RICHARD E
MATHIS PAINTIN & HOME SERVICE, INC.
1820 NAUTILUS DRIVE
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name
Mathias Painting & Home Service, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1820 Nautilus Drive

City **Sarasota** FL Zip Code **34231**

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 **Richard E Mathias** owner DATE **4/14/03**

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	P <input type="checkbox"/> Delete MATHIAS, RICHARD E 1820 NAUTILUS DRIVE SARASOTA FL 34231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Richard E Mathias** DATE **4/14/03** DAYTIME PHONE # **941-923-0983**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)