

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000066673**

1. Entity Name

MATLING, INC.**FILED****Mar 20, 2000 8:00 am**
Secretary of State

03-20-2000 90113 013 ***150.00

Principal Place of Business

**427 INTERSTATE CT
SARASOTA FL 34240
US**

Mailing Address

**427 INTERSTATE CT
SARASOTA FL 34240-8961
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0866397

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MATTERA, JOSEPH M 3RD
5761 AUGUSTA CIRCLE
SARASOTA FL 34238**

Name

MATTERA, JOSEPH III
Street Address (P.O. Box Number is Not Acceptable)**7118 ROLAND OAKS CIRCLE**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.

SIGNATURE **JOSEPH M. MATTERA, III, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

X 3-14-00

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 State10. 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**
NAME **MATTERA, JOSEPH III**
STREET ADDRESS **7118 ROLAND OAKS CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34231**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE **VS**
NAME **MATTERA, SUZANNE**
STREET ADDRESS **7118 ROLAND OAKS CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34231**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: **X Joseph M. Mattera, III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-14-00

Date

941-342-6577

Daytime Phone #

CR2E034 (9/99)