

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90234 022 ***150.00

DOCUMENT # P98000068750

1. Entity Name
MATCH STICK, INC.

Principal Place of Business
25 WALTER MARTIN ROAD
FORT WALTON BEACH FL 32548

Mailing Address
C/O C.W. CLARY
PO BOX 778
SHALIMAR FL 32579
US

2. Principal Place of Business
1217 AIRPORT ROAD

Suite, Apt. #, etc.
SUITE 419

City & State
DESTIN FL

Zip Country
32541 OKALOOSA

3. Mailing Address
1217 AIRPORT ROAD

Suite, Apt. #, etc.
SUITE 419

City & State
DESTIN FL

Zip Country
32541 OKALOOSA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3527950** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GRIMSLEY, JAMES W
25 WALTER MARTIN ROAD
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name **PHILLIPS, RUPERT E.**
 Street Address (P.O. Box Number is Not Acceptable)
1713 GIANT SPICAMORE LANE
 City **BAKER FL** Zip Code **32531**

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 **RUPERT E. PHILLIPS** **4-29-02**
 Signature, typed or printed name of registered agent and type 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, 2002 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARY, CHARLES W	
STREET ADDRESS	P.O. BOX 778	-NA-
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BONEZZI, ROBERT A	
STREET ADDRESS	P.O. BOX 5497	-NA-
CITY-ST-ZIP	DESTIN FL 32540	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARY, CHARLES W III	
STREET ADDRESS	P.O. BOX 1395	-NA-
CITY-ST-ZIP	DESTIN FL 32540	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, RUPERT E	
STREET ADDRESS	P.O. BOX 219	
CITY-ST-ZIP	BAKER, FL 32531	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McKELVY, WILLIAM R.	
STREET ADDRESS	P.O. BOX 217	
CITY-ST-ZIP	BAKER, FL 32531	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 those empowered.

SIGNATURE: **RUPERT E. PHILLIPS** **4-29-02** **(850) 650-5201**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)