

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080858

1. Entity Name

J.M. MATERA, INC.

Principal Place of Business

11232 PALM BEACH BLVD.
FORT MYERS FL 33905

Mailing Address

1001 SW 54TH LN
CAPE CORAL FL 33914

2. Principal Place of Business

9571 Cypress Lake Dr

3. Mailing Address

1001 SW 54TH Ln

Suite, Apt. #, etc.

1001 SW 54TH LN

Suite, Apt. #, etc.

Cape Coral, FL

City & State

Fort Myers, FL

City & State

Cape Coral, FL

Zip

33919

Country

Zip

33914

Country

6. Name and Address of Current Registered Agent

MATERA, GERRI
1001 S.W. 54TH LANE
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 type="checkbox"/> Delete
NAME	MATERA, JAMES	
STREET ADDRESS	1001 S.W. 54TH LANE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATERA, GERRI	
STREET ADDRESS	1001 S.W. 54TH LANE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE:

Signature of F. J. Matton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/00 (991) 481-6006
Date Daytime Phone #

FILED
Aug 30, 2000 8:00 am
Secretary of State

08-30-2000 90003 028 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0869652 Applied For Not Applicable

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