

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90709 025 \*\*\*150.00

0486219 AV

**DOCUMENT # P98000080858**

1. Entity Name  
**J.M. MATERA, INC.**

Principal Place of Business  
**3671 FOWLER ST  
 FORT MYERS FL 33901**

Mailing Address  
**1001 S.W. 54TH LN  
 CAPE CORAL FL 33914**



2. Principal Place of Business

3. Mailing Address

**3671 Fowler St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Ft. Myers, Fla**

4. FEI Number

**65-0869652**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33901**

**Lee**

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

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

Name

**Gerri MATERA**

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

**5301 SW 10th Ave**

City

**Cape Coral**

**FL**

Zip Code

**33914**

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

**Geraldine Matera, Secy / Treasurer**

**3/25/02**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MATERA, JAMES</b>	
STREET ADDRESS	<b>1001 S.W. 54TH LANE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MATERA, GERRI</b>	
STREET ADDRESS	<b>1001 S.W. 54TH LANE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	
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		

TITLE	<b>MATERA, JAMES</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5301 SW 10th Ave</b>	
STREET ADDRESS	<b>Cape Coral, Fla. 33914</b>	
CITY-ST-ZIP		
TITLE	<b>MATERA, GERRI</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5301 SW 10th Ave</b>	
STREET ADDRESS	<b>CAPE CORAL, FLA. 33914</b>	
CITY-ST-ZIP		
TITLE	<b>MATERA JAMES JR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>5108 Manor Ct.</b>	
STREET ADDRESS	<b>CAPE CORAL, FL. 33904</b>	
CITY-ST-ZIP	<b>V. Pres</b>	
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 like empowered.

SIGNATURE:

**Geraldine Matera**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/25/02 (941)**

Date

Daytime Phone #

**481-6006**

CR2E034 (9/01)