

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90130 029 ***158.75

DOCUMENT # P98000080858

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



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

Mailing Address
**3671 FOWLER ST
FORT MYERS FL 33901**

2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0869652**

Applied For
Not Applicable

Zip Country

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MATERA, GERRI
5301 SW 10TH AVE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **GERRI MATERA**
Signature, typed or printed name of registered agent and title if applicable.

Geri Matera
(NOTE: Registered Agent signature required when reinstating)

1/5/03
DATE

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	D	☐ Delete
NAME	MATERA, JAMES	
STREET ADDRESS	5301 SW 10TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	☐ Delete
NAME	MATERA, GERRI	
STREET ADDRESS	5301 SW 10TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	☐ Delete
NAME	MATERA, JAMES JR	
STREET ADDRESS	5301 SW 10TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Geri Matera**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/03
Date Daytime Phone #

CR2E034 (10/02)