

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083188

1. Entity Name  
MATHIS ENTERPRISES, INC.

Principal Place of Business  
4531 WEASEL DR  
NEW PORT RICHEY FL 34653

Mailing Address  
4531 WEASEL DR  
NEW PORT RICHEY FL 34653

2. Principal Place of Business  
3. Mailing Address

Suite, Apt. #, etc.  
City & State

08-07-2001 90004 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number 59-3535267	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MATHIS, DANNY J  
4531 WEASEL DR  
NEW PORT RICHEY FL 34653

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 12, 2001 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	MATHIS, DANNY J 4531 WEASEL DR NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-01 727-638-4962

Date Daytime Phone #

CR2E034 15/01

Attachment Doc# P018000083188  
774309

MATHIS ENTERPRISES, INC.  
4531 WEASEL DRIVE  
NEW PORT RICHEY, FL 34653

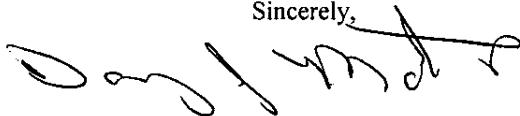
July 27, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Gentlemen:

Please find enclosed a check in the amount of \$150.00 to cover the annual corporation fees. We never got the first notice in the mail and as soon as we got this one we were shocked. We respectfully request the abatement of the \$400 penalty because it was impossible for us to file a form that we never received. Thank you for you kind consideration in this matter.

Sincerely,



Danny Mathis