

**FILED**

**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90146 048 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P98000083932</b>	
1. Entity Name	
<b>MATHIS LANDSCAPING, INC.</b>	
Principal Place of Business	Mailing Address
<b>4444 S. RIO GRANDE #858A ORLANDO FL 32839</b>	<b>4444 S. RIO GRANDE #858A ORLANDO FL 32839</b>

2. Principal Place of Business <b>Mathis Land Scaping, Inc.</b> Suite, Apt. #, etc.	3. Mailing Address <b>4444 S Grande Apt 858A</b> Suite, Apt. #, etc.
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City & State Olland, Fla		City & State	
Zip 32839	Country Olland	Zip	Country

6. Name and Address of Current Registered Agent	
<b>MATHIS, LEROY JR.</b> <b>4444 S. RIO GRANDE, #858A</b> <b>ORLANDO FL 32839</b>	Name
	Street Address
	City

4. FEI Number	59-3534034	Applied For
		Not Applicable

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

7. Name and Address of New Registered Agent	
P.O. Box Number is Not Acceptable)	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p align="center"><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2001 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p><b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MATHIS, LEROY JR.</b> <b>4444 S. RIO GRANDE, #858A</b> <b>ORLANDO FL 32839</b> <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
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:** Steve Mathis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)