

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000105524**1. Entity Name
MATHIS ENTERPRISES OF JASPER, INC.**FILED**
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90056 033 ***150.00

Principal Place of Business

Mailing Address

702 S.E. SECOND AVENUE
JASPER FL 32052702 S.E. SECOND AVENUE
JASPER FL 32052-6162

2. Principal Place of Business

3. Mailing Address

309 N.W. Hatley Street

309 N.W. Hatley St.
P.O. Box 829

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jasper, Florida

City & State

Jasper, Florida

4. FEI Number

59-3549403

Applied For

Not Applicable

Zip

Country

32052

USA

Zip

Country

32052

USA

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

MATHIS, JORRIE H
702 S.E. SECOND AVENUE
JASPER FL 32052Name **JORRIE H. MATHIS**

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

309 N.W. Hatley Street

City **Jasper**

FL

Zip Code
32052

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

JORRIE H. MATHIS / President *Jorrie H. Mathis / President* **02152000**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **D.**
NAME **MATHIS, JORRIE H**
STREET ADDRESS **702 S.E. SECOND AVENUE**
CITY-ST-ZIP **JASPER FL 32052** ☐ DeleteTITLE **President**
NAME **JORRIE H. MATHIS**
STREET ADDRESS **309 N.W. Hatley St.**
CITY-ST-ZIP **Jasper, FL 32052** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
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CITY-ST-ZIP ☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Jorrie H. Mathis / President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**02152000**

Date

904-792-2249

Daytime Phone #

CR2E034 (9/99)