

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90453 014 ***150.00

0503141 AV

DOCUMENT # P98000108164
 1. Entity Name
MATTHEW 16:18, INC.

Principal Place of Business Mailing Address
950 AUTORANCH RD., #12 **950 AUTORANCH RD., #12**
NAPLES FL 34114 **NAPLES FL 34114**

2. Principal Place of Business 3. Mailing Address
111 Pebble BEACH BLVD **111 PEBBLE BEACH BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NAPLES FL **NAPLES FL**
 Zip Country Zip Country
34113 **USA** **34113** **USA**

4. FEI Number Applied For
59-3548501 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FURST, SCOTT C
950 AUTO RANCH RD #12
NAPLES FL 34114

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 DATE **4-1-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE	<input type="checkbox"/> Delete
NAME	D FURST, SCOTT C
STREET ADDRESS	950 AUTORANCH RD., #12
CITY-ST-ZIP	NAPLES FL 34114
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S TAMMY S. FURST
STREET ADDRESS	111 PEBBLE BEACH BLVD.
CITY-ST-ZIP	NAPLES FL 34113
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SCOTT C. FURST
STREET ADDRESS	111 PEBBLE BEACH BLVD
CITY-ST-ZIP	NAPLES FL 34113
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: **SIGNATURE REQUIRED** **4-1-02 (941)732-0544**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)