

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90256 011 ***150.00

DOCUMENT # P99000002757

1. Entity Name
MATEGO, INC.



Principal Place of Business
**8843 WILD DUNES DR
SARASOTA FL 34241**

Mailing Address
**8843 WILD DUNES DR
SARASOTA FL 34241**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0889085

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

**JUDD, LINDA A
8843 WILD DUNES DR
SARASOTA FL 34241**

7. Name and Address of New Registered Agent

Name **LINDA A. AMIN**

Street Address (P.O. Box Number is Not Acceptable)
8843 WILD DUNES DR.

City **SARASOTA**

FL

Zip Code **34241**

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 *Linda A. Amin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/03

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 **DP** ☐ Delete
NAME **AMIN, LINDA A**
STREET ADDRESS **8843 WILD DUNES DR**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **T** ☒ Change ☐ Addition
NAME **AMIN, CHANDRAKANT F**
STREET ADDRESS **8843 WILD DUNES DR.**
CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE **VST** ☐ Delete
NAME **AMIN, CHANDRAKANT F**
STREET ADDRESS **8843 WILD DUNES DRIVE**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **✓** ☐ Change ☒ Addition
NAME **MARY M. ZEZZA**
STREET ADDRESS **931 HORIZON RD**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **MARY L. WILLIAMS**
STREET ADDRESS **1485 19th ST.**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **ASSISTANT S**
STREET ADDRESS **MAMIE WATTS**
CITY-ST-ZIP **2112 N. ORANGE AVE.
SARASOTA, FL 34234**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 (941)9250168
Date Daytime Phone #

CR2E034 (10/02)