

2000 UNIFORM BUSINESS REPORT (UBR)

0088302

DOCUMENT # P99000008738

1. Entity Name

THE MATES INC.

FILED

00 MAY -8 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

RT. 3, BOX 2166
QUINCY FL 32351

RT. 3, BOX 2166
QUINCY FL 32351-9514

2. Principal Place of Business

1832 LAKEVIEW Pt Rd
Suite, Apt. #, etc.

3. Mailing Address

1832 LAKEVIEW Pt Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Quincy FL

City & State

Quincy FL

4. FEI Number

59-3558795

Applied For

Not Applicable

Zip

32351

Country

USA

Zip

32351

Country

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

BARFIELD, LISA T
1303 THOMASVILLE RD.
TALLAHASSEE FL 32303

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Victor Ferrera
Rt 3 Box 2426
Quincy FL 32351

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Mary Ann Hutchinson
Rt 3 Box 2760 A
Quincy FL 32351

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Brent W. Melvin
16 E Washington St
Quincy FL 32351

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Lisa T. Barfield
2345 Frank Smith Rd
Quincy FL 32351

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700003258527--8
-05/19/00--01008--010
****150.00 ****150.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)