

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90149 010 ***150.00

DOCUMENT # P99000019523

1. Entity Name
MATTULL ENTERPRISES, INC.

Principal Place of Business

1199 MANOR RD.
 ENGLEWOOD FL 34224

Mailing Address

1199 MANOR RD.
 ENGLEWOOD FL 34224

000144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3569457**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MATTULL, JAMES R
 1199 MANOR RD.
 ENGLEWOOD FL 34224

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James R Mattull*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-16-02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	MATTULL, JAMES R	
STREET ADDRESS	1199 MANOR ROAD	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MATTULL, SUSAN M	
STREET ADDRESS	1199 MANOR ROAD	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *James R Mattull* **JAMES R MATTULL** 8-16-02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachments Aug 16⁰²
975744
PA000019523

To Whom it may CONCERN,

My Name is Susan Mattull
I am the Vice President of
Mattull Enterprise, the point
of this letter is to let you
know that this is the First time
I received this Form.

I checked with my Accountant
and he concurs that this is the
First time I received this Form.

As you can see by my Past
record that I Always pay my
Dues on time, So if you would
Please accept my Payment
of \$150⁰⁰ which would have
been the original amount Due.

I would be very
Appreciative.

Thank You
Susan Mattull
SUSAN MATTULL