

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P99000057441

1. Entity Name

MATTEA INC.

FILED
May 01, 2000 8:00 am
Secretary of State

02-23-2000 90012 012 ***150.00

Principal Place of Business

4225 W. KING STREET
COCOA FL 32926

Mailing Address

4225 W. KING STREET
COCOA FL 32926-4180

2. Principal Place of Business

618 ROSSMOOR CIR.

Suite, Apt. #, etc.

3. Mailing Address

618 ROSSMOOR CIR.

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

MELBOURNE

Zip

32940

Country

USA

Zip

32940

Country

USA

4. FEI Number

59-3591670

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

RAYMOND ROACH

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

618 ROSSMOOR CIR.

City

MELBOURNE

FL

Zip Code

32940-

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

RAYMOND ROACH (RAYMOND ROACH)

1/5/00

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

(NOTE: Registered Agent signature required when reconstituting)

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

TITLE	D	ROACH, RAYMOND H	<input type="checkbox"/> Delete
NAME		4225 W. KING STREET	
STREET ADDRESS		COCOA FL 32926	
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			
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	D	ROACH, RAYMOND H.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		618 ROSSMOOR CIR.	
STREET ADDRESS		MELBOURNE, FL 32940	
CITY-ST-ZIP			
TITLE	S	ROACH, CAROL A.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		618 ROSSMOOR CIR.	
STREET ADDRESS		MELBOURNE, FL 32940	
CITY-ST-ZIP			
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			
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:

RAYMOND ROACH (RAYMOND ROACH)

1/5/00 (321) 242-3169

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/99)