## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 05, 2002 8:00 am Secretary of State **DOCUMENT #** P99000066211 1. Entity Name 02-05-2002 90041 031 \*\*\*150.00 DORIS MATHIS REALTY, INC. Mailing Address Principal Place of Business 1949 CHARLAIS ST. 1949 CHARLAIS ST. TALLAHASSEE FL 32311 TALLAHASSEE FL 32311 2. Principal Place of Business 3. Mailing Address <u>1949 Charlais</u> 1471 Timberlane Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 120-8 Applied For City & State 4. FEI Number City & State 59-3582104 Not Applicable Tallahasses la]]a}rassee Country ountry \$8.75 Additional 5. Certificate of Status Desired Fee Required \_ഉഉറ -600 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MATHIS, DORIS Street Address (P.O. Box Number is Not Acceptable) 1949 CHARLAIS ST. TALLAHASSEE FL 32311 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME MATHIS, DORIS STREET ADDRESS STREET ADDRESS 1949 CHARLAIS ST. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Chance ☐ Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

1-9-02 850-545-552

FILED