

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000076554

1. Entity Name

THE MATRIX SHOP, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

04-05-2000 90069 032 ***150.00

Principal Place of Business
2555 S. ATLANTIC AVE. #1203
DAYTONA BEACH SHORES FL 32118

Mailing Address
2555 S. ATLANTIC AVE. #1203
DAYTONA BEACH SHORES FL 32118-5536



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Cyberzone</i> Suite, Apt. #, etc. <i>843 Leerd</i>		3. Mailing Address <i>843 Leerd</i> Suite, Apt. #, etc.	
City & State <i>Orlando FL</i>		City & State	
Zip <i>32810</i>	Country <i>USA</i>	Zip	Country
4. FEI Number <i>59-3605529</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DAVIS, DANIEL L 2555 S. ATLANTIC AVE. #1203 DAYTONA BEACH SHORES FL 32118		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code	
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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 *Daniel L. Davis* *4-3-00*
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. ☐ **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	<i>D</i> DAVID, DANIEL L 2555 S. ATLANTIC AVE. #1203 DAYTONA BEACH SHORES FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Davis, Daniel L</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2555 S. ATLANTIC AVE. #1203</i> <i>Daytona Beach Shores FL 32118</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel L. Davis* *4-3-00 9044517206*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)