

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083240

1. Entity Name

MATT'S CONSTRUCTION CO. INC.

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90140 020 ***150.00

Principal Place of Business

8885 OKEECHOBEE BLVD., APT. 106
W. PALM BEACH FL 33411

Mailing Address

8885 OKEECHOBEE BLVD., APT. 106
W. PALM BEACH FL 33411-5127

2. Principal Place of Business

3. Mailing Address

10776 Oak Bendway
Suite, Apt. #, etc.

10776 Oak Bendway
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Wellington, FL

City & State

Wellington, FL

4. FEI Number

58-1996060

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33414

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEALY, DONNIE
8885 OKEECHOBEE BLVD., APT. 106
W. PALM BEACH FL 33411

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.

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

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		
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 checked="" type="checkbox"/> Addition
NAME	P MATTHEW J. Healy	
STREET ADDRESS	10776 Oak Bendway	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNIE R. Healy	
STREET ADDRESS	10776 Oak Bendway	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNIE R. Healy	
STREET ADDRESS	10776 Oak Bendway	
CITY-ST-ZIP	Wellington FL 33414	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNIE R. Healy	
STREET ADDRESS	10776 Oak Bendway	
CITY-ST-ZIP	Wellington, FL 33414	
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: Donnie R. Healy / Donnie R. Healy 3/13/00 954-359 5227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #