2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000083240 DOCUMENT

1. Entity Name

MATT'S CONSTRUCTION CO. INC.



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90243 033 ***150.00

Zip Country Zip Country 5. Certificate of Status Desired Ser. 75 Additional Per Repulsed S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am amiliar with, and acceptable of entitles agent, or both, in the State of Florida. I am amiliar with, and acceptable of Professor Address (P.O. Box Number is Not Acceptable) Signature. Signature. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZP TILE NAME ST						
Suite, Apt. #, etc. City & State	10776 OAK B	BEND WAY	10776 OAK BEND WAY		 	
City & State City & State Desired City & State D	2. Principal	Place of Business	3. Mailing Address			iai iniae iiiia iibii iii ii balk iibii
Zip Country Zip Country 6. Certificate of Status Desired Set. 75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEALY, DONNIE 8885 OKECHOBEE BLVD, APT. 106 W. PALM BEACH FL 33411 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE MAKE SIRET ANDRESS OTTY-ST-ZP WELLINGTON FL 33414 TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS OTTY-ST-ZP TITLE MAKE SIRET ANDRESS	Suite, Apt. #, etc.		Suite, Apt. #, etc.		. ☐ CHECK HERE IF MAKING CHANGES	
Signature Signature Special Country Signature Desired S8.75 Additional research S8	City & State		City & State		4. FEI Number 58-1996060	Applied For
HEALY, DONNIE 8885 OKEECHOBEE BLVD., APT. 106 W. PALM BEACH FL 33411 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accomplations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PHEALY, MATTHEW J NAME SIRET ADDRESS CITY-ST-ZPP WELLINGTON FL 33414 TITLE VPST HEALY, DONNIE R SIRET ADDRESS CITY-ST-ZPP WELLINGTON FL 33414 TITLE NAME SIRET ADDRESS CITY-ST-ZPP WELLINGTON FL 33414 Delete ITILE NAME SIRET ADDRESS CITY-ST-ZPP WELLINGTON FL 33414 TITLE NAME SIRET ADDRESS CITY-ST-ZPP WELLINGTON FL 33414 Delete Delete TITLE NAME SIRET ADDRESS CITY-ST-ZPP WELLINGTON FL 33414 Delete Delete TITLE NAME SIRET ADDRESS CITY-ST-ZPP WELLINGTON FL 33414 Delete Delete TITLE NAME SIRET ADDRESS CITY-ST-ZPP WELLINGTON FL 33414 Delete Delete TITLE NAME SIRET ADDRESS CITY-ST-ZPP WELLINGTON FL 33414 Delete Delete TITLE NAME SIRET ADDRESS CITY-ST-ZPP WELLINGTON FL 33414 Delete Delete MAKE SIRET ADDRESS CITY-ST-ZPP TITLE NAME SIRET ADDRESS CITY-ST-ZPP WELLINGTON FL 33414 Delete Delete MAKE SIRET ADDRESS CITY-ST-ZPP TITLE NAME SIRET ADDRESS CITY-ST-ZPP Delete MAKE SIRET ADDRESS CITY-ST-ZPP ADDRESS CITY-ST-ZPP Delete MAKE SIRET ADDRESS CITY-ST-ZPP DELETA DE	Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
HEALY, DONNIE 8885 OKEECHOBEE BLVD., APT. 106 W. PALM BEACH FL 33411 Similar vive or printed name of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 111 ITILE NAME STREET ADDRESS 1077-51-2P TITLE NAME 10776 OAK BEND WAY WELLINGTON FL 33414 TITLE NAME 10776 OAK BEND WAY WELLINGTON FL 33414 TITLE NAME STREET ADDRESS COTY-51-2P TITLE NAME NAME STREET ADDRESS COTY-51-2P TITLE NAME STREET ADDR		6. Name and Address of Cu	irrent Registered Agent		7. Name and Address of New Registers	<u> </u>
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City Change				Name		
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 according to registered agent. SIGNATURE Signature: S				Street Addres	ss (P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent and stole if applicable. (NOTE: Registered Agent signature required when relocating) Signature, hyped or printed name of registered agent and stole if applicable. (NOTE: Registered Agent signature required when relocating) DATE	W. PALM	BEACH FL 33411				
SIGNATURE Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signa		·		'		14 '
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IILE NAME 10776 OAK BEND WAY WELLINGTON FL 33414 TITLE NAME CITY-ST-2IP TITLE NAME CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NA	8. The above the obligation	e named entity submits this statem tions of registered agent.	nent for the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida. I a	m familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP VPST HEALY, MATTHEW J 10776 OAK BEND WAY WELLINGTON FL 33414 TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addit	SIGNATURE		d agent and title if applicable. (NOT	E: Registered Agent signature regu	ired when reinstaling)	:
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS			0		***	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME THEALY, MATTHEW J 10776 OAK BEND WAY WELLINGTON FL 33414 TITLE NAME STREET ADDRESS CITY-ST-ZIP T					Trust Fund Contribution.	Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	10.	OFFICERS	AND DIRECTORS	11,	ADDITIONS/CHANGES TO DEFICERS A	ND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME		1	☐ Delete	TITLE		
CITY-ST-ZIP WELLINGTON FL 33414 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	NAME			NAME		: Honarigo Hadinori
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME				STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME OChange Adding	CITY-ST-ZIP			CITY-ST-ZIP -		
STREET ADDRESS CITY-ST-ZIP WELLINGTON FL 33414 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME Change Addit NAME Change Addit NAME			☐ Delete	TITLE	*	☐ Change ☐ Addition
CITY-ST-ZIP WELLINGTON FL 33414 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME				NAME	*	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME TITLE NAME TITLE NAME						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME Change Addit Addit NAME						
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME		" - 	Delete *	•	The second secon	Change Addition
CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME						1
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Delete TITLE NAME TITLE NAME TITLE NAME				-		
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME THE NAME		•	☐ Delete			☐ Change ☐ Addition
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addit NAME NAME NAME NAME						
TITLE Delete TITLE Change Addit						
NAME NAME	TITLE		[T] Dalata		· · · · · · · · · · · · · · · · · · ·	
CORECT ADDRESS			□ Delete			☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS					
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP					
III.E	TITLE	-	☐ Delete			Change C sales
NAME Delete IIILE Change Addit	NAME		D01010			☐ Change ☐ Addition
STREET ADDRESS STREET ADDRESS	STREET ADDRESS					
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP					1
12. 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 supplied early to the and accurate and the many stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information	12. I hereby c	ertify that the information supplied	with this filing does not qualify for	the exemption stated in S	Section 119 07(3)(i) Florida Statutos Uturbos a	ortify 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 561-333

SIGNATURE: x