

2000 UNIFORM BUSINESS REPORT (UBR)

3

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

03-30-2000 90022 050 ***150.00

DOCUMENT # P99 000098614
1. Entity Name
MatGuard, Inc

Principal Place of Business Mailing Address
19140 NW 22 Street
Pembroke Pines FL 33029

2. Principal Place of Business 3. Mailing Address
Same as Above Same

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country USA Zip Country USA

4. FEI Number 65-0967609 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CAROL FERGUSON-Nicholson
19140 NW 22 Street
Pembroke Pines FL 33029

7. Name and Address of New Registered Agent
CAROL FERGUSON-Nicholson
19140 NW 22 St
Pembroke Pines
City FL Zip Code 33029

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] DATE 3/22/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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CITY - ST - ZIP		CITY - ST - ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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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.

SIGNATURE: [Signature] DATE 3/22/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
954-962-0099
954-430-1548

CR2E034 (9/99)