ATX1

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR -6 PM 4:06

DOCUMENT # S61778

1. Entity Name

MATHESON INTERNATIONAL INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

600145146776
03/06/09--01027--008 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1352 S. Killian Drive		1352 S. Killian Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lake Park, FL		City & State: Lake Park, FL	
Zip: ~~33410~~ 33403	Country: United States	Zip: ~~33410~~ 33403	Country: United States

4. FEI Number: 65-0262588 — Applied For / Not Applicable

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

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7. **Name and Address of Current Registered Agent**

Name: MATHESON, ANDREW

Street Address (P.O. Box Number is Not Acceptable): 1352 S. KILLIAN DRIVE

City: LAKE PARK FL Zip Code: 33403

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 accept the obligations of registered agent.

SIGNATURE ______________________________

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/S/T/D
NAME	Andrew Duncan Matheson
STREET ADDRESS	1352 S. Killian Drive
CITY-ST-ZIP	Lake Park, FL ~~33410~~ 33403
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CITY-ST-ZIP	

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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 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 on an attachment with an address, with all other like empowered.

KS

SIGNATURE: AD Math AD MATHESON 2-25-09 561-845-5222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #