2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S92520 DOCUMENT

Country

1. Entity Name

City & State

MICHAEL C. MATTSON

the obligations of registered agent

VΡ

Signature, typed or printed in

RICHARDS, JOHN

DAVID F. COONEY

2312 WILTON DRIVE

MATTSON, MICHAEL C.

2312 WILTON DRIVE

BLACKBURN, ACE J.

2312 WILTON DRIVE

2312 WILTON DRIVE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

FORT LAUDERDALE FL 33305

FORT LAUDERDALE FL 33305

FORT LAUDERDALE FL 33305

FORT LAUDERDALE FL 33305

2312 WILTON DRIVE FT. LAUDERDALE FL 33302

Zip

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

6. Name and Address of Current Registered Agent



Country

Name

City

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

Delete

□ Delete

Delete

☐ Delete

Delete

☐ Delete

FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90224 005 ***150.00

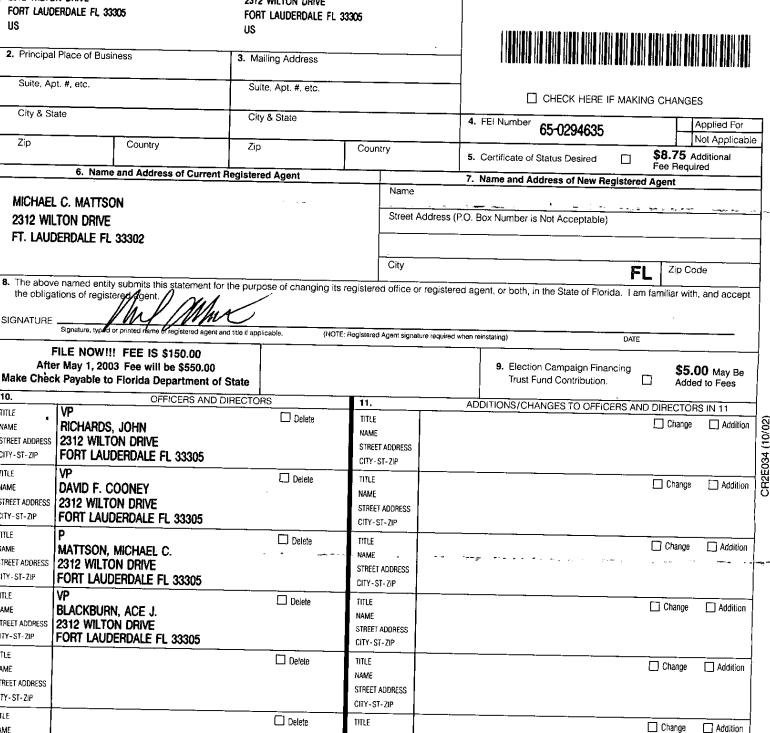
COONEY, MATTSON, LANCE CONNOR, P.A.	E, BLACKBURN, RICHARDS & O'
Principal Place of Business 2312 WILTON DRIVE FORT LAUDERDALE FL 33305 US	Mailing Address 2312 WILTON DRIVE FORT LAUDERDALE FL 33305 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State

Zip

gistered agent and title if applicable

OFFICERS AND DIRECTORS



STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Daytime Phone #