

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90467 027 ***150.00

DOCUMENT # V57848

1. Entity Name

MATERIAL EXCHANGE CORPORATION

Principal Place of Business

Mailing Address

~~1515 E. SILVER SPRINGS BLVD.~~
~~SUITE 112~~
~~OCALA FL 34470~~
 US

P O BOX 3593
 Ocala FL 34478
 US

00050174



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5355 W. GROVER CLEVELAND BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOMOSASSA, FL

4. FEI Number **59-3142308**

Applied For

Not Applicable

Zip

Country

Zip

Country

34446

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JANET A. BRUNE

Street Address (P.O. Box Number is Not Acceptable)

5251 NW 82ND COURT

City

OCALA

FL

Zip Code

34482

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

4/27/01

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, 2001 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PTSV
MEAD, KENNETH H
1515 E. SILVER SPRINGS BLVD.
OCALA FL 34470

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP
JANET A. BRUNE
5251 NW 82ND COURT
OCALA, FL 34482

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

352-369-7349

Daytime Phone #

CR2E034 (10/00)