

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V68678

1. Entity Name
MATTCO CLEANERS, INC.

Principal Place of Business

1664 N. FEDERAL HWY.
BOCA RATON FL 33432

Mailing Address

1664 N. FEDERAL HWY.
BOCA RATON FL 33432

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0363591**

Applied For

Not Applicable

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

**MATTHEWS, LUCILLE M
1057 B LADYPALM LANE
BOCA RATON FL 33498**

Name **Kelly Matthews**

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

1664 N. FEDERAL HWY

City **BOCA RATON** FL Zip Code **33432**

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/23/01**

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	D	<input checked="" type="checkbox"/> Delete
NAME	MATTHEWS, ROBERT J.	
STREET ADDRESS	SOUTHAMPTON CT.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATHEWS, KELLY M	
STREET ADDRESS	CAROLINA CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 55434	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATHEWS, KASEY M.	
STREET ADDRESS	TRITON COURT	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MATHEWS, LUCILLE M	
STREET ADDRESS	10571 B. LADY PALM LANE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/23/01** DAYTIME PHONE # **561/361-0484**

CR2E034 (10/00)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90018 045 ***150.00

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DO NOT WRITE IN THIS SPACE