

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90026 020 ***550.00

DOCUMENT # F04575

1. Entity Name

MARTIN & GLASER, CHARTERED

Principal Place of Business

2014 4TH ST
 SARASOTA FL 34237-4304
 US

Mailing Address

C/O PETER W. MARTIN, CHARTERED
 P O BOX 49257
 SARASOTA FL 34230-6257
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2039064

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARMER, BILLIE J.
 2014 FOURTH STREET
 SARASOTA FL 34237

Name

WHITNEY C GLASER

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

2014 4th St

City

SARASOTA

FL

Zip Code

34237-4304

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

Whitney C Glaser

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 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 **DP** Delete
 NAME **MARTIN, PETER W**
 STREET ADDRESS **3118 DICK WILSON DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **DS** Change Addition
 NAME **Whitney C Glaser**
 STREET ADDRESS **2014 4th St**
 CITY-ST-ZIP **Sarasota FL 34237-4304**

TITLE ~~WHITNEY C GLASER~~ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

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

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

Date

Daytime Phone #

CR2E034 (9/99)