

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90162 040 ***150.00

DOCUMENT # F99000000264

1. Entity Name

PETEMAR CONSTRUCTION CO.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1111 CATER AVE.
 PERRY GA 31069

1111 CATER AVE.
 PERRY GA 31069-3535

2. Principal Place of Business

3. Mailing Address

128 HICKS DR.

128 HICKS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #4

SUITE #4

City & State

City & State

PERRY GA.

PERRY GA.

4. FEI Number

58-2272926

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

WOIDA, FRANK
 837 CREPE MYRTLE
 APOPKA FL 32712

Name

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

City

FL

Zip Code

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CP	TITLE	CP
NAME	MARTIN, PETER B	NAME	MARTIN, PETER B.
STREET ADDRESS	1111 CATER AVE.	STREET ADDRESS	2101 ELKO RD.
CITY-ST-ZIP	PERRY GA 31069	CITY-ST-ZIP	ELKO GA 31025
TITLE	CST	TITLE	CST
NAME	MARTIN, MARY L	NAME	MARTIN, MARY L
STREET ADDRESS	1111 CATER AVE.	STREET ADDRESS	2101 ELKO RD.
CITY-ST-ZIP	PERRY GA 31069	CITY-ST-ZIP	ELKO GA 31025
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Peter B. Martin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/5/2000 Daytime Phone #: 912-987-8774

PETER B. MARTIN

CR2E034 (9/99)