

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90239 033 ***150.00

DOCUMENT # F99000002713

1. Entity Name
MARTIN CONSULTANTS, INC.

Principal Place of Business 179 FAIRWAY POINTE CIRCLE ORLANDO FL 32828	Mailing Address 179 FAIRWAY POINTE CIRCLE ORLANDO FL 32828-8509
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2. Principal Place of Business 11637 ORPINGTON ST. Suite, Apt. #, etc. ORLANDO, FL City & State	3. Mailing Address 11637 ORPINGTON ST. Suite, Apt. #, etc. ORLANDO, FL City & State	4. FEI Number 58-2047799	Applied For <input type="checkbox"/> Not Applicable
Zip 32817	Country USA	Zip 32817	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MARTIN, JEFFREY 179 FAIRWAY POINTE CIRCLE ORLANDO FL 32828	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	PC MARTIN, JEFFREY D 179 FAIRWAY POINTE CIRCLE ORLANDO FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST POLLINO, KAREN 11599 E. COLONIAL DR. ORLANDO FL 32817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jeffrey D. Martin* **Signature** Jeffrey D. Martin **Printed Name of Signing Officer or Director** 2-22-2000 **Date** (407) 207-0400 **Daytime Phone #**

CR2E034 (9/99)