

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

DC 371

**DOCUMENT # L00000004383**

1. Entity Name  
**MARTIN & BAXLEY, LLC**

02-18-2002 90167 031 \*\*\*\*50.00

Principal Place of Business      Mailing Address  
**1360 WEST KING STREET**      **1360 WEST KING STREET**  
**COCOA FL 32922**                      **COCOA FL 32922**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3639398</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>BAXLEY, LAURA</b> <b>1360 WEST KING STREET</b> <b>COCOA FL 32922</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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: *Laura Baxley, MGRM*      DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MARTIN, WAYNE</b>	NAME			
STREET ADDRESS	<b>1111 WILD FLOWER</b>	STREET ADDRESS	<b>1111 WILD FLOWER</b>		
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	CITY-ST-ZIP			
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BAXLEY, LAURA</b>	NAME			
STREET ADDRESS	<b>858 YORKTOWNE DRIVE</b>	STREET ADDRESS	<b>130 POSSUM INN LN.</b>		
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>	CITY-ST-ZIP	<b>Rockledge, Fl. 32956</b>		
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Laura Baxley, MGRM*      **REQUIRED**      *MGRM*      *1/30/02*      *321-632-2222*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (9/01)