

2001 UNIFORM BUSINESS REPORT (UBR)

1/19/01

FILED
Feb 08, 2001 8:00 am
Secretary of State

01-19-2001 90036 035 ****61.25

DOCUMENT # N00671

1. Entity Name

NAMI MARTIN/ST. LUCIE, INC.

Principal Place of Business

PO BOX 1082
 STUART FL 34995-1082
 US

Mailing Address

P.O. BOX 1082
 STUART FL 34995
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FE Number

59-2444160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, JOHN
3670 SW WHISPERING SOUND DR
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name **Taylor Thomas R.**
 Street Address (P.O. Box Number is Not Acceptable)
1950 Palm City Road # 1104
Stuart
 City **FL** Zip Code **34994**

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

(NOTE: Registered Agent signature required when reinstating)

TREASURER **JANUARY 10, 2001**
 DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
 NAME **RANEY, JOHN**
 STREET ADDRESS **13053 SE CLOG HILL CT**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **SD** ☐ Delete
 NAME **WARNEKA, SUE**
 STREET ADDRESS **PO BOX 586**
 CITY-ST-ZIP **HOBE SOUND FL 33475**

TITLE **TD** ☒ Delete
 NAME **TAYLOR, MARGARET**
 STREET ADDRESS **1950 PALM CITY RD APT 1-104**
 CITY-ST-ZIP **STUART FL 34994**

TITLE **PD** ☒ Delete
 NAME **TAYLOR, JOHN W**
 STREET ADDRESS **3670 SW WHISPERING SOUND DR**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Vice President** **VD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **President** **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TREASURER** **TD** ☐ Change ☒ Addition
 NAME **Thomas R. Taylor**
 STREET ADDRESS **1950 Palm City RD Apt 1104**
 CITY-ST-ZIP

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

January 10, 2001

Daytime Phone #

561-288 -
3480

CR2E037 (10/00)