

2002 UNIFORM BUSINESS REPORT² (UBR)

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FILED
Apr 09, 2002 8:00 am
Secretary of State

03-05-2002 90137 024 ****61.25

DOCUMENT # N00671

1. Entity Name

NAMI MARTIN/ST. LUCIE, INC.

Principal Place of Business

Mailing Address

PO BOX 1082
STUART FL 34996-1082
US

P.O. BOX 1082
STUART FL 34995
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI 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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

TAYLOR, THOMAS R
1950 PALM CITY ROAD #1104
STUART FL 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)

DATE

FILE NOW: FEE 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 VP/D ☒ Delete
NAME RANEY, JOHN
STREET ADDRESS 13053 SE CLOG HILL CT
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE PD ☐ Delete
NAME WARNEKA, SUE
STREET ADDRESS PO BOX 588
CITY-ST-ZIP HOBE SOUND FL 33475

TITLE TD ☐ Delete
NAME TAYLOR, THOMAS R
STREET ADDRESS 1950 PALM CITY RD APT 1104
CITY-ST-ZIP STUART FL 34994

TITLE T ☐ Delete
NAME ~~MARGARET E. TAYLOR~~ MARGARET E. TAYLOR
STREET ADDRESS 1950 Palm city rd apt 1104
CITY-ST-ZIP Stuart, FL 34994

TITLE T ☐ Delete
NAME Judith BRENAN
STREET ADDRESS 1703 NE Arch Avenue
CITY-ST-ZIP Jensen Beach, FL 34957

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS R. TAYLOR

February 20, 2002

Date

561-288-3480

Daytime Phone #

CR2E037 (9/01)