

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90871 020 \*\*\*\*61.25

**DOCUMENT #** N18225  
1. Entity Name  
The Martin Building, Inc.

**DO NOT WRITE IN THIS SPACE**

755480

2. Principal Place of Business  
1580 40th Terr. SW  
Suite, Apt. #, etc.

3. Mailing Address  
1580 40th Terr, SW  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Naples, Fl.

City & State  
Naples, Fl.

4. FEI Number  
59-2778860

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Zip  
34116

Country

Zip  
34116

Country

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Marcia Marzucco

Street Address (P.O. Box Number is Not Acceptable)  
1580 40th Terrace SW

Unit A

City  
Naples

FL

Zip Code  
34116

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 \_\_\_\_\_

**FEE IS \$61.25**  
Initial or Amended UBR

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 NAME STREET ADDRESS CITY - ST - ZIP	D Marzucco, Marcia 1580 40th Terrace SW Naples, Fl. 34116	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Cobb, Jerelyn 1580 40th Terrace SW Naples, Fl. 34116	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Dargai, Barbara 1580 40th Terrace SW Naples, Fl. 34116	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Barbara Dargai BARBARA DARGAI 3/20/02 941-348-9543  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #