

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90051 045 ***150.00

DOCUMENT # P41039

1. Entity Name

MARTIN SURVEY ASSOCIATES, INC.

Principal Place of Business

Mailing Address

8720 MAIN STREET
 SUITE 130
 WOODSTOCK GA 30188
 US

8720 MAIN STREET
 SUITE 130
 WOODSTOCK GA 30188
 US

2. Principal Place of Business

3005 HOLLY SPRINGS PKWY

3. Mailing Address

P.O. BOX 448

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

City & State

HOLLY SPRINGS, GA

City & State

HOLLY SPRINGS, GA

Zip

30142

Country

USA

Zip

30142

Country

USA

4. FEI Number

41-1455840

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

MALONE, WILLIAM C. G.
 4945 HIGHWAY 273
 GRACEVILLE FL 32440

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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	DCP	<input type="checkbox"/> Delete
NAME	MARTIN, GARY D.	
STREET ADDRESS	425 HOLLY OAK TRACE	
CITY-ST-ZIP	CANTON GA 30114	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MARTIN, SHARON R.	
STREET ADDRESS	426 HOLLY OAK TRACE	
CITY-ST-ZIP	CANTON GA 30114	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MODICA, CARRIE L	
STREET ADDRESS	PO BOX 352	
CITY-ST-ZIP	HOLLY SPRINGS GA 30142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MODICA, CARRIE L.	
STREET ADDRESS	331 LONDON DALE	
CITY-ST-ZIP	WOODSTOCK, GA 30189	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Carrie L. Modica

CARRIE L. MODICA 3/14/01 770-345-7350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE