

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90236 040 ***150.00

DOCUMENT # P96000092006

1. Entity Name

MARTIN, BRANTLEY & ASSOCIATES, INC.

Principal Place of Business

**100 N SPRING STREET
 PENSACOLA FL 32501**

Mailing Address

**100 N SPRING STREET
 PENSACOLA FL 32501**

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 **59-3414915**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MITCHEM, W. SPENCER
 3 WEST GARDEN STREET
 SUITE 600
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BRANTLEY, R S	
STREET ADDRESS	5700 ENGLISH TURN DRIVE	
CITY-ST-ZIP	PACE FL 32571	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTIN, G P JR	
STREET ADDRESS	1900 VILLAFANE DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, PRATT G JR	
STREET ADDRESS	1900 VILLAFANE DR	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ASMAR, JOEL J	
STREET ADDRESS	1280 MAHOGANY CT #8	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANTLEY, R S.	
STREET ADDRESS	5700 ENGLISH TURN DRIVE	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	VP, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, G P JR	
STREET ADDRESS	1900 VILLAFANE DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32503	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R S BRANTLEY, PRES.

1-7-01

Date

850 433 5075

Daytime Phone #

CR2E034 (10/00)