2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000094858

1. Entity Name

TOM MARTINEZ INSURANCE AGENCY, INC.



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90184 014 ***150.00

2521 S UNIV DAVIE FL 33: US	324	Mailing Address 2521 S UNIVERSITY DR DAVIE FL 33324 US							
2. Principal F	Place of Business	3. Mailing Address			1 (1001100)	10 (0110 01111 0 5 111 0 5 111		{	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Stat	de	City & State			4. FEI Number	65-0713814			pplied For
Zip	Country	Zip Country		5. Certificate of			8.75 Ac		
	6. Name and Address of Current	legistered Agent		7. Name and Ad	Idress of New Rec		ee Requir	ed	
FISCHER, STEVEN 300 S PINE ISLAND RD STE 110				Street Addre	ess (P.O. Box Number is			-	
	ON FL 33324			City	11.0	,	FL	Zip Cod	de
SIGNATURE _	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent. ILE NOW!!! FEE IS \$150.00				stered agent, or both, in	n the State of Floric	da. I am far	L niliar with,	and accept
After	May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	f State				n Campaign Finar und Contribution.	cing	\$5.0 Added	00 May Be d to Fees
10.	OFFICERS AND	DIRECTORS	11.	·	ADDITIONS/CH	ANGES TO OFFICE	ERS AND D	IRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARTINEZ, GEORGE T 2521 S UNIVERSITY DR DAVIE FL 33324	☐ Delete		Į.		. 15		_ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	☐ Delete	CITY-S	ſ				Change	Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:√

George TD Martinez ME OF SIGNING OFFICER OR DIRECTOR

(954)476-7772

Daytime Phone #