

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 235652

1. Entity Name

MARTINIQUE CONSTRUCTION INC

Principal Place of Business

Mailing Address

16656 SW WARFIELD HIGHWAY  
P.O. BOX 488  
INDIANTOWN FL 34956  
US

16630 S.W. WARFIELD HWY  
P.O. BOX 488  
INDIANTOWN FLA 34956-0488

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SIEFKER, PAUL E  
15860 S W FAMEL AVE  
INDIANTOWN FL 34956

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	SIEFKER, PAUL	
STREET ADDRESS	15860 S.W. FAMEL AVE.	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SIEFKER, CLAIRE	
STREET ADDRESS	15860 S.W. FAMEL AVE.	
CITY-ST-ZIP	INDIANTOWN FL	

TITLE	VD	<input type="checkbox"/> Delete
NAME	SIEFKER, STEPHEN, PAUL	
STREET ADDRESS	15900 S.W. MORGAN ST	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOLLEY, AMY	
STREET ADDRESS	15915 SW OSCEOLA ST.	
CITY-ST-ZIP	INDIANTOWN FL 34956	

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	<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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*PAUL E. SIEFKER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90103 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0900723**

Applied For  
Not Applicable

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