

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90029 038 ***150.00

DOCUMENT # 235652

1. Entity Name
MARTINIQUE CONSTRUCTION INC

Principal Place of Business
16658 SW WARFIELD HIGHWAY
P.O. BOX 488
INDIANTOWN FL 34956
US

Mailing Address
16630 S.W. WARFIELD HWY
P.O. BOX 488
INDIANTOWN FL 34956



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-0900723

Applied For
 Not Applicable

Zip Country

Zip Country

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	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		

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		

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 DATE: 2/02/02 DAYTIME PHONE #: 561 597 2347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)