## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 316398** Apr 25, 2000 8:00 am Secretary of State 1. Entity Name MARTIN'S JEWELRY, INC 04-25-2000 90022 015 \*\*\*150.00 Mailing Address Principal Place of Business 664 OAKFIELD DRIVE 664 OAKFIELD DRIVE BRANDON FL 33511 BRANDON FLA 33511-5715 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1204424 Not Applicable Zip Country \$8.75 Additional Country Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Martin, Frederick J. Jr. Street Address (P.O. Box Number is Not Acceptable) -402 GREEN ARBOR-DR. 2323 ValRico FOREST VALRICO, FL. 33594 BRANDON FL 33511 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Addition TITLE Delete MARTIN, BRENDA K. NAME NAME STREET ADDRESS 664 OAKFIELD DR STREET ADDRESS CITY-ST-ZIP **BRANDON FL** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MARTIN, BRENDA K. NAME NAME 664 OAKFIELD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRANDON FL** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE MARTIN. FREDERICK J. JR. NAME NAME 664 OAKFIELD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRANDON FL** CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

Brenda K. Marlin

4-18-00

813-689-8124

Daytime Phone