

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 348626

1. Entity Name

MARTIN HEATING & AIR CONDITIONING INC

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90093 017 ***150.00

0467102

Principal Place of Business
530 WILLIAMS DITCH ROAD
POST OFFICE BOX 11
CANTONMENT FL 32533

Mailing Address
530 WILLIAMS DITCH ROAD
POST OFFICE BOX 11
CANTONMENT FL 32533

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 **59-1267806**

Applied For

Not Applicable

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

MARTIN, JACK L
530 WILLIAMS DITCH RD
CANTONMENT FL

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	MARTIN, JACK L	
STREET ADDRESS	530 WILLIAMS DITCH RD	
CITY-ST-ZIP	CANTONMENT, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTIN, THERESA	
STREET ADDRESS	530 WILLIAMS DITCH RD	
CITY-ST-ZIP	CANTONMENT, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	ATES, J W	
STREET ADDRESS	RT 6 BOX 303	
CITY-ST-ZIP	MILTON, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Theresa Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

8509686974

Daytime Phone #

CR2E034 (10/00)