

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90051 028 ***150.00

DOCUMENT # 350418

1. Entity Name
MARTINE'S DEVELOPMENT CORPORATION

Principal Place of Business

6565 NORTH W STREET
260
PENSACOLA FL 32505
US

Mailing Address

6565 NORTH W STREET
260
PENSACOLA FL 32505
US

2. Principal Place of Business

120 E. MAIN ST.
Suite, Apt. #, etc.
SUITE A

3. Mailing Address

120 E. MAIN ST.
Suite, Apt. #, etc.
SUITE A

City & State

PENSACOLA FL

City & State

PENSACOLA FL

4. FEI Number

59-1301700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARKS, JAMES J. JR.

6565 NORTH "W" ST STE 260 - 120 E. MAIN ST. SUITE A
PENSACOLA FL 32505 - 32501

7. Name and Address of New Registered Agent

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, 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

TITLE **PD** ☐ Delete
NAME **MARKS, CHRISTINE T.**
STREET ADDRESS **6565 NORTH "W" ST. STE 260**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **VSTD** ☐ Delete
NAME **MARKS, JAMES J. J**
STREET ADDRESS **6565 NORTH "W" ST #260**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **VD** ☐ Delete
NAME **NASH, NEAL**
STREET ADDRESS **6565 NORTH "W" ST #260**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☐ Delete
NAME **NASH, LIANNA MARKS**
STREET ADDRESS **6565 NORTH "W" ST #260**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **120 E. MAIN ST, SUITE A**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **120 E. MAIN ST, SUITE A**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **120 E. MAIN ST, SUITE A**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **120 E. MAIN ST, SUITE A**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES J. MARKS, JR 4-4-02 850-429-8640

Date

Daytime Phone #

CR2E034 (9/01)