

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 519370

1. Entity Name

JACK MARTIN GREENHOUSES, INC.

Principal Place of Business

Mailing Address

7062 W. BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33437

P.O. BOX 740057
BOYNTON BEACH FL 33474-0057
US

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 59-1731939

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, JOHN D. JR.
4130 ST. ANDREWS DR
BOYNTON BEACH FL 33436

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	MARTIN, JOHN D. JR.	
STREET ADDRESS	4130 ST. ANDREWS DR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MARTIN, NANCY P.	
STREET ADDRESS	4130 ST ANDREWS DR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, JOHN D. JR.	
STREET ADDRESS	4130 ST ANDREWS DR	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTIN, NANCY	
STREET ADDRESS	4130 ST ANDREWS DR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMS, EMERY S. JR.	
STREET ADDRESS	17336 PALM DR	
CITY-ST-ZIP	MONTEVERDE FL	
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
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STREET ADDRESS		
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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: *John D. Martin Jr.*
JOHN D. MARTIN, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-2001 (521) 737-2192

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90050 024 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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