

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90020 049 \*\*\*150.00

0056901 AT

**DOCUMENT # 519370**

1. Entity Name

**JACK MARTIN GREENHOUSES, INC.**

Principal Place of Business

**7062 W. BOYNTON BEACH BLVD.  
 BOYNTON BEACH FL 33437**

Mailing Address

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

2. Principal Place of Business

**4130 ST. ANDREWS DR**

Suite, Apt. #, etc.

3. Mailing Address

**4130 ST. ANDREWS DR.**

Suite, Apt. #, etc.

City & State

**BOYNTON BEACH, FL**

City & State

**BOYNTON BEACH, FL**

4. FEI Number

**59-1731939**

Applied For

Not Applicable

Zip

**33436**

Country

**FLORIDA**

Zip

**33436**

Country

**FLORIDA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MARTIN, JOHN D. JR.**

**4130 ST. ANDREWS DR**

**BOYNTON BEACH FL 33436**

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	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
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
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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02

(561) 704-6859

Date

Daytime Phone #

CR2E034 (9/01)