

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91215 031 \*\*\*150.00

**DOCUMENT #** 691338  
**1. Entity Name**  
 Marcia Martinez, D.M.D., P.A. ✓

**Principal Place of Business**      **Mailing Address**  
 5180 Curry Ford Road      5180 Curry Ford Road  
 Orlando, FL 32812      Orlando, FL 32812

**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** 59-2129143      **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

39959

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 Julio C. Martinez, D.M.D.  
 5180 Curry Ford Road  
 Orlando, FL 32812

**7. Name and Address of New Registered Agent**  
 Name: Marcia Martinez  
 Street Address (P.O. Box Number is Not Acceptable):  
 5180 Curry Ford Road  
 City: Orlando      **FL**      Zip Code: 32812

**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** *Marcia Martinez*      Marcia Martinez      7/15/2002  
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 NAME STREET ADDRESS CITY-ST-ZIP	President Julio C. Martinez, D.M.D. 5180 Curry Ford Road Orlando, FL 32812	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Marcia Martinez 5180 Curry Ford Road Orlando, FL 32812	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Marcia Martinez*      Marcia Martinez      7/15/2002      (407) 273-6620  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E034 (11/00)



Attachment

39959

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 2, 2002

MARCIA MARTINEZ, D.M.D., P.A.  
5180 CURRY FORD ROAD  
ORLANDO, FL 32806

SUBJECT: MARCIA MARTINEZ, D.M.D., P.A.  
Ref. Number: 691338

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following:

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

Provide the title(s) of each officer/director listed on the report or on an attachment.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap  
Document Specialist Supervisor

Letter Number: 302A00041894