

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90321 015 ***150.00

0620478 AT

DOCUMENT # 855947

1. Entity Name
MARTIN ORLANDO PROPERTIES, INC.



Principal Place of Business
**3510 SILVERSIDE ROAD
SUITE #3
WILMINGTON DE 19810**

Mailing Address
**3510 SILVERSIDE ROAD
SUITE #3
WILMINGTON DE 19810**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1290322**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDC** ☒ Delete
NAME **MCGREGOR, JL**
STREET ADDRESS **6801 ROCKLEDGE DR**
CITY-ST-ZIP **BETHESDA MD 20817**

TITLE **PDC** ☐ Change ☒ Addition
NAME **VAN SCHAICK, AG**
STREET ADDRESS **6801 Rockledge Drive**
CITY-ST-ZIP **Bethesda, MD 20817**

TITLE **D** ☐ Delete
NAME **BUCHANAN, D**
STREET ADDRESS **6801 ROCKLEDGE DR.**
CITY-ST-ZIP **BETHESDA MD 20817**

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

TITLE **DAS** ☐ Delete
NAME **GOLDSTEIN, SD**
STREET ADDRESS **6801 ROCKLEDGE DRIVE**
CITY-ST-ZIP **BETHESDA MD 20817**

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

TITLE **VP** ☐ Delete
NAME **BOWERS, RH**
STREET ADDRESS **3510 SILVERSIDE ROAD**
CITY-ST-ZIP **WILMINGTON DE 19810**

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

TITLE **VPT** ☐ Delete
NAME **IDE, MB**
STREET ADDRESS **6801 ROCKLEDGE DRIVE**
CITY-ST-ZIP **BETHESDA MD 20817**

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

TITLE **S** ☒ Delete
NAME **BENNETT, DL**
STREET ADDRESS **6801 ROCKLEDGE DRIVE**
CITY-ST-ZIP **BETHESDA MD 20817**

TITLE **S** ☐ Change ☒ Addition
NAME **BARRETT, KJ**
STREET ADDRESS **6801 Rockledge Drive**
CITY-ST-ZIP **Bethesda, MD 20817**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert H. Bowers Robert H. Bowers 04/29/03 (302) 478-1583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)