2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F06788

1. Entity Name

MARTIN & MARTIN ATTORNEYS, P.A.

WARTIN	& MANTIN ATTOMNETS, P.A.	٠			}		03-12-2001	90485 04	9 ***150	.00
Principal Place of Business 200 LAKE MORTON POB 117 LAKE LAND FL 33801		Mailing Address 200 LAKE MORTON POB 117 LAKE LAND FL 33801				ana an v ∧				
2. Principal P	Place of Business	3. Mailing Address		· -						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4.	. FEI Number	59-203971	8		oplied For
Zip Country		Zip Country			5.	. Certificate of S	Status Desired		\$8.75 Ad	
- :	C. None and Address of Courses		L			Name and Ad	ales an ad Alassa		ee Require	90
	6. Name and Address of Current F	egisterea Agent	<u>·</u>	Name	7.	Name and Ad	aress of New	registered A	депт	
1110	TIN MICHAEL D			IVENIE						
MARTIN, MICHAEL D. 200 LAKE MORTON DR. LAKELAND FL 33801				Street A	ddress (P.O.	. Box Number is	Not Acceptab	le)		
-				City				FL	Zip Cod	le :
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or	registered a	agent, or both, i	n the State of F			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Comparison of the printed agent and title if applicable.				IS \$150.0 will be \$5	50.00	10. Election	on Campaign Fi Fund Contributi			00 May Be
11.	OFFICERS AND D	DIRECTORS	12.		Δ	ADDITIONS/CH	ANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTIN, E. SNOW 200 LAKE MORTON DR. LAKELAND FL	Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, E. SNOW, JR. 200 LAKE MORTON DR. LAKELAND FL	· Delete			MACTIO	or, Presid , E. Snow ake Morto and , FL	JR.	,	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, MICHAEL D. 200 LAKE MORTON DR. LAKELAND FL	Delete -						**	Change -	☐ Addition-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							Change	Addition
TITLE NAME		☐ Delete	TITLE		 -				Change	☐ 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: 4

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/01

863-688-7611

Daytime Phone #