

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F17274

1. Entity Name

RONALD T. MARTIN, P.A.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90186 020 ***150.00

Principal Place of Business

Mailing Address

7000 W. PALMETTO PARK ROAD
SUITE 404
BOCA RATON FL 33433
US

7000 W. PALMETTO PARK ROAD
SUITE 404
BOCA RATON FL 33433-3430
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

City & State

4. FEI Number

59-2052321

Applied For

Not Applicable

Zip

Country

Zip

Country

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, RONALD T
7000 W. PALMETTO PARK ROAD
SUITE 404
BOCA RATON FL 33433

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 200

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MARTIN, RONALD T.
6116 AMBERWOODS DR.
BOCA RATON FL

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
MARTIN, SHEILA M
6116 AMBERWOODS DR
BOCA RATON FL

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Sheila Martin
m. Vice Pres.

Sheila M. Martin

3-22-2000 561/338-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)