

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90076 003 ***150.00

DOCUMENT # F17274

1. Entity Name

RONALD T. MARTIN, P.A.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

7000 W. Palmetto Pk. Rd.

3. Mailing Address

7000 W. Palmetto Pk. Rd.

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

#200

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

59-2052321

Applied For

Not Applicable

Zip
33433

Country
USA

Zip

33433

Country
USA

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

Ronald T. Martin

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

7000 W. Palmetto Pk. Rd.

Suite 200

City

Boca Raton

FL

Zip Code
33433

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSTD
 MARTIN, RONALD T.
 6116 AMBERWOODS DR.
 BOCA RATON FL 33433** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**AS
 MARTIN, SHEILA M
 6116 AMBERWOODS DR
 BOCA RATON FL 33433** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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.

SIGNATURE:

R T Martin (Ronald T. Martin)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/01 561-338-4100
 Daytime Phone #

CR2E034 (10/00)